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Senate

The Senate met at 10:30 a.m. and was called to order by the Honorable TOM COTTON, a Senator from the State of Arkansas.

PRAYER

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

Let us pray.

Wise Creator, the architect of destinies, on this Super Tuesday 2016, when a dozen States hold their Presidential nominating contests, we look to You. You are the potter, and we are the clay. So mold and make the destiny of this Nation conceived in liberty. Let Your will be done.

Lord, we acknowledge that Your thoughts are different from our thoughts and Your ways are far beyond anything we can imagine. For just as the Heavens are higher than the Earth, so are Your ways higher than our ways and Your thoughts higher than our thoughts. Give us the wisdom to not second-guess the unfolding of Your loving providence, but help us to remember that in everything You are working for the good of those who love You.

Today, as You desire, use our lawmakers and all those who love freedom as instruments of Your glory.

We pray in Your powerful 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, March 1, 2016.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable TOM COTTON, a Senator from the State of Arkansas, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mr. COTTON thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

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

FILLING THE SUPREME COURT VACANCY AND COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. MCCONNELL. Mr. President, the chairman of the Judiciary Committee, Senator GRASSLEY, and I will meet with President Obama later this morning. We will reiterate that the American people will have a voice in the vacancy on the Supreme Court as they choose the next President, who in turn will nominate the next Supreme Court Justice.

In other words, we will observe the Biden rule. Americans have by now become well acquainted with that advice from the Vice President.

Americans also know what both the current and future Senate Democratic leaders have had to say about judicial nominees when a different party was in the White House. They have heard the admonishment of the Senator from Nevada, Mr. REID, that ''nowhere in [the Constitution] does it say the Senate has the duty to give presidential nominees a vote.'' They know the Senator from New York didn't even wait until the final year of President George W. Bush's term to declare that the Senate should ''not confirm a Supreme Court nominee except in extraordinary circumstances.''

So look, let's use this debate to discuss ways we can work together to make progress for our country, such as tackling a drug crisis that is tearing communities apart in all 50 States.

I was pleased to see colleagues join together to advance the bipartisan Comprehensive Addiction and Recovery Act just yesterday. I hope we will see that kind of cooperation continue. It is important for our country, and I look forward to discussing with the President how his administration can be helpful.

RECOGNITION OF THE MINORITY LEADER

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

FILLING THE SUPREME COURT VACANCY

Mr. REID. Mr. President, the Republicans, in an effort to try to cloud the issue regarding selection of the Supreme Court replacement, usually don't provide a full quote. For example, they keep talking about Senator BIDEN, but they should give the whole statement of Senator BIDEN, where he ended it by saying that ''compromise is the responsible course, both for the White House and for the Senate. . . . [and] if the President consults and cooperates with the Senate . . . [on] his selections . . . then his nominees may enjoy my support, as did Justices Kennedy and Souter.''

Yesterday the Washington Post published an editorial by Barbara Perry, a professor at the University of Virginia and an expert on the Supreme Court. It is among the finest law schools in all the world. That is the University of Virginia.

In her opinion piece, Dr. Perry pushed back against Republican claims that Presidents have not historically nominated Supreme Court Justices during an election year. According to her, ''14 Presidents have appointed 21 justices during presidential election years.'' That is 14 out of 44 Presidents have appointed Supreme Court Justices in Presidential election years. That is about one-third of all U.S. Presidents who have appointed nominees during an election year.

Amy Howe, an expert on the Supreme Court and editor at SCOTUSblog—Supreme Court of the United States blog—agrees that past Presidents and Senates have considered election-year nominees. She writes:

The historical record does not reveal any instances since at least 1900 of the president failing to nominate and/or the Senate failing to confirm a nominee in a presidential election year because of the impending election.

Republicans are using one inappropriate statement or excuse after another to explain why they shouldn't have to do their jobs the taxpayers sent them here to Washington to do. Instead of making excuses, wouldn't it be easier just to do the right thing? The right thing would be to give President Obama's Supreme Court nominee a hearing—a meeting before that—and a vote. We are simply saying: They should be doing their jobs.

Some Republicans are already starting to see the light. Last week, the Republican Senator from Maine ripped the Republican leader for politicizing the current Supreme Court vacancy in the aftermath of Justice Scalia's death. Again, among other things, here is what the Republican Senator from Maine said:

I thought it was a shame . . . that instead of honoring his life and legacy and extending our condolences, already we are embroiled in a political fight.

New Jersey Governor Chris Christie went a step further, urging the Senate Judiciary Committee to hold hearings. Governor Christie said:

As I've always said, I believe that's absolutely the right thing to do. People can vote up or down however they choose, but hearings should be held. There is no reason for them to not take on this nomination.

Governor Christie is absolutely right. There is no reason for a Supreme Court nominee not to have a full hearing and a vote. There is no reason for Senate Republicans not to give a nominee to the Supreme Court a meeting, a hearing, and a vote. All we are saying is: Do your job.

Montana Republican Congressman RYAN Zinke published an editorial in the Missoulian, one of the largest newspapers in the entire State, urging the Republican leader to give President Obama's nominee all due consideration. Here is what he said:

It is unfortunate that partisanship took over the conversation before the Justice even was laid to rest. The partisan bickering and demands to ignore the Constitution that unfolded after Scalia's death is an affront to his legacy. Scalia dedicated his life to serving the Constitution. It is time for the Senate to honor that service and carry out their constitutionally mandated duty to advise.

The Constitution reigns supreme. . . . My colleagues in the Senate have an obligation to provide advice to the President on nominees.

So I urge others to look at what the Congressman from Montana said, what the senior Senator from Maine said, and what Governor Christie said. I agree with them that the Constitution reigns supreme. It simply is saying to do your job, among other things.

In this situation there is no question what the Constitution mandates in times of Supreme Court vacancies. Article II, section 2 of our Constitution clearly outlines the President's legal authority to nominate Justices to the Supreme Court. It also defines the Senate's role in the nomination, which is to provide advice and consent. By denying their constitutional mandate, Republicans are refusing to do their job.

Senate Republicans should give President Obama's Supreme Court nominee a meeting, a hearing, and a vote, because, as Governor Christie said, there is really no reason not to do so.

BLACK HISTORY MONTH

Mr. REID. Mr. President, yesterday marked the end of Black History Month, which we honored here in the Senate by adopting a resolution sponsored by the junior Senator from New York, Mrs. GILLIBRAND.

The father of Black History Month was Dr. Carter G. Woodson. Now, I really didn't know who Carter Woodson was, but there was a wonderful piece on public radio yesterday that outlined in detail this man, who had been a garbage man, who did menial labor, and I just didn't realize how smart he was. His personal story is remarkable.

Carter Woodson was born in Virginia to former slaves. He attended the University of Chicago—not an easy school to get into, certainly in the early part of the last century, when you are an African American. He then went on to receive his Ph.D. from Harvard in 1912, making him the second African-American man to do so.

As a professor at Howard University here in Washington, DC, Dr. Woodson decided there was a need for Americans—Black and White—to better understand African-American history. In 1926, Dr. Woodson organized the first week devoted entirely to African-American history. He coordinated lectures, panels, and hosted children's plays that celebrated the lives of important figures in Black history.

He had a tough time. They couldn't find places to meet. They wouldn't allow Blacks in many meeting halls. But he found rooms at the YMCA, churches, and Black fraternity houses to meet and to celebrate African-American history. He was relentless. Over the years, the celebration of Black history grew and grew until President Ford decided to make it not a history week but a history month. He did that in 1976. So February is always recognized—since President Ford did that in 1976—as Black History Month.

In addition to adopting this resolution to honor Black History Month, I hope my colleagues will take a moment to think about this great man, Dr. Woodson, who did so much to help Americans embrace Black history and the many contributions of African-American leaders, such as Frederick Douglass, Sojourner Truth, W.E.B. Du Bois, and many others.

But we must do more than just adopt a simple resolution honoring Black History Month. We should work together to address the issues faced by Black Americans and all Americans today and every month of the year. It is the right thing to do.

Mr. President, I see my friends on the floor. Would the Chair announce the business of the day.

RESERVATION OF LEADER TIME

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

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2015—MOTION TO PROCEED

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 524, which the clerk will report.

The senior assistant legislative 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 ACTING PRESIDENT pro tempore. The Senator from Maine.

Ms. COLLINS. Mr. President, I rise to speak in support of the Comprehensive Addiction and Recovery Act, known as CARA, of which I am proud to be a cosponsor. I want to begin by commending Senators WHITEHOUSE and PORTMAN for crafting this vitally important bill and also to thank Chairman GRASSLEY and Ranking Member LEAHY for their leadership in the Judiciary Committee.

The heroin and opioid crisis in this country is devastating to far too many families, including those in my State of Maine. This epidemic can be seen in emergency rooms, local jails, on Main Streets, and in homes throughout our country.

In 2014, there were a record 208 overdose deaths in the State of Maine, including 57 caused by heroin, and the problem is only getting worse. Last year, in the city of Portland, ME, 14 people overdosed in just 1 day. Two of them died as a result of those overdoses.

This last weekend, the Bangor Daily News had a special segment of the

paper that chronicled the vivid and tragic story of a young man, Garrett Brown, whose spiral into addiction ultimately resulted in his death from a heroin overdose.

This epidemic is also having tragic effects on the most vulnerable in our society—the children and babies born to addicts. Last year in Maine nearly 1,000 babies were born drug-affected. That is about 8 percent of all births in our State. I have seen the videos of these babies in the neonatal intensive care unit. They are inconsolable. It is so tragic to watch them. Fortunately, the physicians and other health care providers in Maine have become very good at treating these babies, but I wonder what happens to them when they go back to their addicted mothers or fathers.

The Comprehensive Addiction and Recovery Act takes the kind of multifaceted approach needed to address this epidemic. I have said we need a three-pronged approach.

First, we need to focus on education and prevention. That is education of the public at large, particularly our school children, but it is also education of health care providers and of law enforcement as well. I remember vividly when I was a young student sitting through a presentation by a recovered heroin addict. I don't know if that is done anymore in our schools, but I can tell you it had a marked impact on all of us who listened to him. None of us ever would have wanted to be in the position in which he found himself as he struggled to recover from his addiction. I don't understand how heroin has lost its stigma, but it clearly has, and it is creating tragic results for our country. So education and prevention are critical.

Second is law enforcement. We need to do a better job of helping law enforcement. I have had so many sheriffs tell me we cannot arrest our way out of this epidemic. We need to connect people who voluntarily come into our jails, and we need to connect them to treatment. Unfortunately, there aren't enough treatment facilities or guidance counselors or substance abuse experts or physicians and nurses and others with this expertise in many rural areas of our country, particularly in States like Maine, and I suspect in urban areas like Chicago where the service providers are overwhelmed with the number of people who need help. There has been a tripling of people in Maine who need help.

Law enforcement has another critical role; that is, to work to interdict the heroin that is coming into the State of Maine—whether it originates in other States, or through ties to cities in Connecticut and Massachusetts, where inner-city gangs are bringing heroin into Maine and swapping it for guns. There is this trafficking that is going on where addicts with no records are being used as straw buyers, buying guns for the gang members who then exchange the heroin for these weapons. We need to have a greater effort to keep heroin out of our country when it is coming from those international cartels in Mexico as documented by the Portland Press Herald's excellent investigation into this matter.

Of course, the third prong is treatment. We need more treatment facilities. We need the ability of not just paramedics but law enforcement to administer the drug Narcan, which can reverse the effects of overdoses if it is administered in time.

The bill before us takes that kind of multifaceted approach. It includes strengthening treatment programs, supporting law enforcement, and increasing education and prevention efforts. It would encourage States and communities to expand these efforts and to increase evidence-based treatments for substance abuse disorders. It would authorize heroin and methamphetamine task forces to support safe law enforcement agencies, and it provides grants for communities facing drug crises. This crisis is by no means confined to the cities in our States. It is in the most rural areas imaginable in my State. It affects suburbia, and it affects neighborhoods throughout our country.

Part of the solution to this crisis includes examining pain management and prescribing practices. I have heard from Maine families, from physicians, and from law enforcement about a disturbing pattern of a significant percentage of individuals using heroin after abusing legal opioid medications. According to a recent report from the Substance Abuse and Mental Health Services Administration, prescription opioid abuse does indeed put individuals at a much higher risk of heroin use. In fact, nearly 80 percent of individuals using heroin reported that they began on their road to addiction by abusing prescription pain medications.

CARA would create a task force to review, modify, and update best practices for pain management and prescribing pain medication. It would also expand the disposal sites for unwanted prescriptions through drug take-back programs, which is an important way for individuals to safely and securely dispose of their unused prescription drugs. I have long been a supporter of drug take-back programs, which have prevented tons of unused, unneeded or expired drugs from falling into the hands of children or drug dealers. At Maine's most recent drug take-back day, authorities safely disposed of nearly 10 tons of unused drugs. Think about that. In a State of just 1.3 million people, in just one of these drug take-back days, 10 tons of unused drugs were collected and safely disposed of. The bill would also authorize grants for strengthening State prescription drug monitoring programs to help prevent doctor shopping.

I have great sympathy for our county sheriffs who have talked to me about this problem. They tell me their jails are overwhelmed by those who are struggling with addiction. Jails are not designed to take the place of treatment centers. Yet sheriffs and police chiefs must train their officers to look for signs of withdrawal and to monitor mental health status. CARA would establish a demonstration program to help identify addicted individuals who may benefit more from treatment than incarceration.

Funding would also be authorized to purchase and train first responders in the use of Narcan, a drug that as I mentioned can reverse the effects of an overdose if administered in time, and a portion of this funding is designated to support rural areas in our country.

There have been many discussions in this Chamber, in our committees, and in our caucuses about the heroin crisis. Last December, the Health, Education, Labor, and Pensions Committee on which I serve held a hearing to examine prescribing practices, expanding access to addiction treatment, reducing overdoses, and partnering with law enforcement.

Just last week, the Special Committee on Aging—which I have the privilege to chair—examined opiate use among seniors and other Medicare participants, the potential for diversion of powerful pain killers and Medicare reimbursement policies that may penalize physicians who, in their best medical judgment, decide not to prescribe powerful opiate pain killers and instead provide other kinds of pain relief for their patients. Yet because of the way the surveys are worded, under the Medicare patient satisfaction program, their hospitals can actually lose reimbursement if it is found that a patient was not satisfied enough with control of their pain. Clearly, pain does need to be managed, but these questions are so biased in the way they are asked that they invite overprescription and the prescription of powerful pain killers when they may not be needed. I am not talking about individuals with cancer or end-of-life conditions for whom opiate pain killers may be exactly what is needed to relieve their pain, but we know there are better alternatives for many people who do not need that kind of pain relief. I am working with Senator LANKFORD, Senator DONNELLY, Senator CASEY, and others to see if we can come up with an amendment to this bill on this issue.

It is clear we need to take a comprehensive approach to this epidemic, and the bill before us is a vital step forward. It recognizes opioid and heroin abuse for the public health crisis that it has become, and it offers meaningful and effective ways to support communities seeking to expand treatment prevention, law enforcement, and recovery efforts.

Again, I salute the sponsors of this legislation. I am pleased to be a cosponsor, and I urge all of our colleagues to come together to support this much needed bill.

My thanks to my colleague from Illinois for deferring to me.

The ACTING PRESIDENT pro tempore. The assistant Democratic leader.

Mr. DURBIN. Mr. President, before I speak on a separate issue, I would like to address the issue raised by the Senator from Maine.

Her experience in Maine is exactly the same as my experience in Illinois. There is no town too small, no suburb too wealthy not to have been touched by heroin overdoses and deaths. It is interesting—the Senator may be encouraged to know that in one small town in downstate Illinois, when they were desperate when two or three teenagers died in 1 week in a small town, they heard about a program in Gloucester, MA, where the chief of police, reacting to what the Senator said earlier, realized that we just can't keep arresting addicts. It is not working.

He announced that if someone who was addicted came into the sheriff's office or the police department and reported their addiction, they wouldn't arrest them; they would take them to a treatment center immediately. The next day, 27 teenagers showed up in this small town in downstate Illinois. Then, of course, the challenge was where to take them. In rural areas, it is a long drive. Some of them were not in good shape for a drive. But they went into treatment.

What they told me after I visited the town was that something happened immediately: The jail was empty because the jail had been filled with petty criminals who had been stealing, burglarizing, trying to feed their habits. Now they were in rehab. So it made it a safer community and at least gave them a chance to straighten out their lives.

One of the amendments I am offering with your colleague from Maine is about treatment. We decided a number of years ago, for fear that we would be warehousing patients, to limit substance abuse treatment facilities under Medicaid to no more than 16 beds. Sixteen beds may work in a rural area; it certainly doesn't work in the city of Chicago. We are not expanding it dramatically, but we allow treatment facilities to have up to 40 beds for residential treatment for substance abuse. We don't want to go back into the bad old days of warehousing, but we certainly want to expand treatment because the problem you have seen and I have seen is growing.

As you noted, if we don't move quickly on treatment, we can't expect to turn it around. I thank the Senator for bringing this to our attention. The bill before us truly is a bipartisan bill, and it should be.

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

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

FILLING THE SUPREME COURT VACANCY

Mr. DURBIN. Mr. President, 1 week ago the Republican majority leader made an announcement that stunned a lot of observers on Capitol Hill. Senator MCCONNELL said that the Senate Republicans would basically turn their backs on what I consider to be a constitutional responsibility and that they would refuse to consider the nomination to fill the vacancy of Justice Scalia, who recently passed away.

In article II, section 2 of the Constitution, the Founding Fathers established a very clear process for appointing Supreme Court Justices. Under the Constitution, the President ''shall nominate, and by and with the Advice and Consent of the Senate, shall appoint . . . Judges of the supreme Court.'' That is the language of the Constitution. It is explicit.

The President has a constitutional obligation to send a Supreme Court nominee to the Senate, and the Senate has a constitutional obligation to consider the nominee. But the majority leader for the Republicans said last week that he would not give any consideration to a nominee sent by President Obama—not a hearing, not a vote—and then he went so far as to say he will not even meet with that nominee. This is a stunning abdication of the Senate's constitutional responsibility. All of us, as Senators, walk down this aisle, stand over to the side, raise our right hands, and swear to support and defend the Constitution of the United States and to bear true faith and allegiance to it. It is an oath each of us takes very seriously.

The majority leader has tried to justify his decision by noting that this is an election year. Well, it turns out it doesn't take much constitutional study to realize that the Constitution applies to election years as well as every other year. There is nothing in the Constitution that directs the President or the Senate to ignore their responsibility when there is a political Presidential campaign underway. I have searched the Constitution. There is no reference whatsoever to a Presidential campaign year absolving either the President or the Senate from their constitutional obligations.

One of the great ironies of the decision by the Senate Republican leadership was the way they reached it. Shortly after Justice Scalia passed away, Majority Leader MCCONNELL issued a statement saying: ''The American people should have a voice in the selection of their next Supreme Court Justice.'' Then last Tuesday he summoned the Republican members of the Senate Judiciary Committee to his office, and there he decided with them that they would deprive the American people of a chance to view a hearing on President Obama's nominee to fill the Scalia vacancy. This is an unprecedented obstruction of a Supreme Court nominee, and this decision to obstruct certainly wasn't made by the American people. It was a unilateral, partisan decision made by a handful of Senators behind closed doors. The Republican Senators didn't bring their decision out into the open, not to a hearing of the Judiciary Committee, which they chair; they did it quietly behind closed doors.

But the American people heard what happened. Last Friday a letter was sent to the Republican members of the Judiciary Committee by the Leadership Conference on Civil Rights and Human Rights and 81 other national organizations.

I ask unanimous consent to have the letter printed in the RECORD.

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

FEBRUARY 26, 2016.

Hon. CHARLES GRASSLEY, *Chairman*,
Hon. ORRIN HATCH,
Hon. JEFF SESSIONS,
Hon. LINDSEY GRAHAM,
Hon. JOHN CORNYN,
Hon. MICHAEL LEE,
Hon. TED CRUZ,
Hon. JEFF FLAKE,
Hon. DAVID VITTER,
Hon. DAVID PERDUE,
Hon. THOM TILLIS,
Committee on the Judiciary, U.S. Senate, Washington, DC.

DEAR SENATORS: We, the undersigned organizations, urge you to reconsider your unprecedented and destructive refusal to give fair consideration to any Supreme Court nomination until after the next President is sworn into office on January 20, 2017, as announced in your February 23rd letter to Senate Majority Leader Mitch McConnell.

Your letter claims that your refusal to hold a hearing on—or to even meet with—any potential nominee is part and parcel to executing your ''constitutional authority to withhold consent on any nominee.'' This is a clear perversion of your constitutional duties as understood by almost every scholarly authority on the topic and by most Americans.

It is a dereliction of your constitutional duty to handcuff the Supreme Court for two terms. Your proposed course of action would cause a constitutional crisis that would shake the very foundation of our democracy.

We condemn this unprecedented overreach, and call on you to uphold the Constitution by giving fair consideration, including timely hearings and votes, to the next nominee to the Supreme Court.

Under Article II, Section 2 of the U.S. Constitution, the President shall nominate a Justice to the Supreme Court ''by and with the Advice and Consent of the Senate.'' This does not give a select few senators veto power over the President's role in selecting and nominating a candidate. The Senate's duty is to evaluate a nominee's fitness and qualifications, not to pick the President making the nomination.

Our legal system is based on the rule of law and requires stability and certainty. The course you have charted would mean that a new justice would not be confirmed until well into 2017 at the earliest. Shackling the court for two terms would undermine the rule of law, leave legal questions unresolved, and hamper the administration of justice across our nation.

Refusing to consider any nominee, without due evaluation of his or her merits, credentials, and experiences, is a direct repudiation of your constitutional duties.

We believe in upholding the Constitution. So should you.

Sincerely,

The Leadership Conference on Civil and Human Rights; Philip Randolph Institute; AFL–CIO; African American Ministers In Action; Alliance for Justice; American Association for Access, Equity and Diversity; American Association For Justice; American

Family Voices; American Federation of State, County, and Municipal Employees; American Federation of Teachers; American-Arab Anti-Discrimination Committee; Americans for Democratic Action (ADA); Americans United for Change; Andrew Goodman Foundation; Asian & Pacific Islander American Health Forum; Asian American Legal Defense and Education Fund (AALDEF); Asian Americans Advancing Justice/AAJC; Asian Pacific American Labor Alliance, AFL–CIO (APALA); Association of Asian Pacific Community Health Organizations (AAPCHO); Bazelon Center for Mental Health Law.

Bend the Arc Jewish Action; Center for American Progress; Center for Community Change; Center for Pan Asian Community Services, Inc. (CPACS); Coalition on Human Needs; Common Cause; Communications Workers of America; Constitutional Accountability Center; Defenders of Wildlife; Disability Rights Education & Defense Fund; Earthjustice; Equal Justice Society; Feminist Majority Foundation; Human Rights Campaign; International Association of Official Human Rights Agencies (IAOHRA); Iota Phi Lamda Sorority, Inc.; Japanese American Citizen League; Jewish Labor Committee; Korean American Resource & Cultural Center; Korean Resource Center.

Lambda Legal; Lawyers' Committee for Civil Rights Under Law; League of Conservation Voters; League of United Latin American Citizens; MALDEF; Moveon.org Civic Action; NAACP; NAACP Legal Defense and Educational Fund, Inc.; NAACP-National Voter Fund; NARAL Pro-Choice America; National Asian Pacific American Families Against Substance Abuse; National Association of Social Workers (NASW); National Black Justice Coalition; National Coalition for Asian Pacific American Community Development; National Congress of American Indians; National Council of Asian Pacific Americans (NCAPA); National Council of Jewish Women; National Education Association; National Employment Law Project; National Employment Lawyers Association.

National Fair Housing Alliance; National Korean American Service & Education Consortium; National LGBTQ Task Force Action Fund; National Partnership for Women & Families; National Queer Asian Pacific Islander Alliance; National Tongan American Society; National Urban League; National Women's Law Center; People For the American Way; Planned Parenthood Federation of America; PolicyLink; Project Vote; Reconstructionist Rabbinical Association; Service Employees International Union; Sierra Club; South Asian Bar Association of North America; Southeast Asia Resource Action Center (SEARAC); Southern Poverty Law Center; TASH; Union for Reform Judaism; United Auto Workers (UAW); Workmen's Circle.

Mr. DURBIN. The letter described the Republicans' obstruction as ''a clear perversion of your constitutional duties as understood by almost every scholarly authority on the topic and by most Americans.'' The letter said that the Constitution ''does not give a select few Senators veto power over the President's role in selecting and nominating a candidate. The Senate's duty is to evaluate a nominee's fitness and qualifications, not to pick the President making the nomination.''

I agree with that statement. By unilaterally refusing to give any consideration to any nominee made by this President, Senate Republicans are trying to stop this President from fulfilling his constitutional responsibility to nominate and appoint Supreme Court Justices under article II, section 2. They did it in secret in a back room, behind closed doors. Why are they so afraid to give President Obama's nominee a fair hearing? Are they concerned that if the nominee is well qualified and they turn that person down, it will reflect poorly on the Senate Republicans?

The Senate Republican process of secrecy and obstruction is inconsistent with the Constitution. It does a disservice to the Supreme Court, to the President, and to the American people.

I raised a point last week which is worth returning to. The argument is made that the next President should pick the nominee to fill this vacancy. The argument is made that the American people, when they select the next President in November of this year—that we will be saying to the American people: You make the choice. You select the President. And then you will know the Supreme Court nominee.

Well, there may be some logic to that but for one thing: We have a President. He was elected in 2012 with a 5 million-vote majority. This is the fourth year of his Presidency.

When you listen to the Republicans argue, you would think, wait a minute, Barack Obama was not elected for 4 years, only for 3 years and 2 months. They argue at this point in time that this President does not have the constitutional authority or responsibility to fill the vacancy of Justice Scalia. The American people spoke. It wasn't all that close. By a margin of 5 million votes, they chose this President for 4 years, not for 3 years or 3 years and 2 months. He is the President, he has the authority of the Presidency, and he has that authority not given to him by God but by the American people. It is authority which should not be taken away by the Republican majority of the Senate.

Their argument, ''Wait for the next election''—do you know what that means? It means that if they have their way, if they fail to do their job, if they don't even have a hearing for President Obama's nominee, don't even bring it to a vote, and the vacancy continues on the Supreme Court, it will be historic. The last time we will have left a vacancy of this duration on the Supreme Court dates back to the Civil War. A nation at war with itself left a vacancy for more than a year on the Supreme Court. Now the Senate Republicans of 2016 want to leave a vacancy on the Supreme Court for over a year. There is no need for it, and the Constitution certainly makes it clear how this vacancy should be filled.

There is no secret that there is a political motive. The Senate Republicans hope Justice Scalia's seat will be filled by a person they choose. This is a political calculation they are willing to make, to take the heat for not following their constitutional responsibility in the hopes that a President Trump will pick someone to fill this vacancy or some other Republican President in the future. That is what they are counting on. That is political.

Politics shouldn't trump the Constitution. Nothing should trump the Constitution when it comes to governing the United States. Because it is an election year doesn't mean Senators can take a yearlong break and ignore their own oath of office.

It is time for the Senate Republicans to do their job. The President and the Senate must fulfill their constitutional responsibility in times of war, in economic depression, and even in an election year.

Last week Majority Leader MCCONNELL reportedly told a group of House Republicans that there isn't ''a snowball's chance in hell'' that he would back down from his plan of obstruction. Nevertheless, today President Obama has invited Majority Leader MCCONNELL to meet with him in the White House to discuss the Supreme Court vacancy. They have also invited the chairman of the Senate Judiciary Committee, Senator GRASSLEY; the ranking Democrat, Senator LEAHY; and the minority leader of the Senate, Senator REID.

Why did the President offer this meeting? Because that is what always happens. When a President is about to consider filling such a historic vacancy, he brings together the leaders of the Senate to discuss his thought process and perhaps to solicit names from them of potential nominees. Even when we have disagreed in the past and have Presidents and Senators from different political parties, they still extended that courtesy to one another. President Obama is extending the majority leader that courtesy even if the majority leader has made it clear and publicly stated repeatedly that he will not even meet with, let alone consider, the President's nominee.

The President is setting a good example of what should be done in this circumstance where the President follows tradition and the Constitution. I am glad the President is taking this seriously. I know he is in the midst of a careful, deliberative process to choose a nominee. The President should select an outstanding person who has the qualifications, a commitment to justice, a deep respect for the role of the judiciary, and life experience that points toward integrity and good judgment.

The President is doing his job as the Constitution requires. My Republican colleagues in the Senate should do their job as well. They should honor the process established in the Constitution and give the President's nominee fair consideration, a hearing, and a vote.

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

The PRESIDING OFFICER (Mr. FLAKE). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. CORNYN. Mr. President, yesterday the Senate unanimously voted to advance consideration of the Comprehensive Addiction and Recovery Act, commonly known as CARA, and that is because this legislation gets at a big problem. The abuse of heroin and prescription painkillers is devastating families and communities across the country, including Texas. The truth is, the problem is getting worse, not better. Deaths due to heroin and prescription drug overdoses have even surpassed car accidents as the No. 1 cause of injury-related deaths nationwide.

It is time for Congress to do something significant to address this disturbing trend. This bill is a good example of how Republicans and Democrats, working on a bipartisan basis, can zero in on a problem that is harming our Nation and work together to address it.

I am proud to cosponsor this legislation, and I look forward to continuing to work on this bill and to voting on amendments that will actually improve it. Speaking of amendments, while this bill touches on how to battle drug addiction in this country, we need to do more to cut these drugs off at the source and keep them from getting into our country in the first place.

The Senate Armed Services Committee recently heard about the supply side of this equation—this primarily goes to the heroin coming from Mexico—when they heard testimony from the Director of National Intelligence, James Clapper. In his testimony, Director Clapper talked about how Mexico has ramped up the production of heroin in response to this growing demand in the United States.

I know the Presiding Officer is also from a border State and has had frequent conversations with our Mexican counterparts. When we complain about the supply, they usually turn it on me and say: Well, what about the demand in the United States? The truth is, we have to get at both components—both the supply and demand.

In 2014, drug cartels smuggled more than a quarter of a million pounds of heroin across our borders. This was done by the same transnational criminal organizations that traffic human beings for sex or forced labor and who man the illegal immigration pipelines into our country. This is no longer a mom-and-pop operation. These are major criminal networks and organizations that will do anything for money and, of course, are happy to make money from the heroin that comes across our border.

If we are going to make significant strides in the fight against addiction and drug abuse, we need to take a critical look at where the drugs are coming from and consider the strategies we can employ to keep them from even coming onto our soil. Unfortunately, even while the production and demand of these illegal drugs have been growing, we have not done enough to combat it.

Earlier I mentioned that the U.S. Southern Command—that is the combatant command for the U.S. military that is south of Mexico and goes into Central and South America—has been given zero Navy ships to conduct counter-trafficking missions, and that is because our Navy fleet is simply too small and these resources have been diverted elsewhere to counter the growing threats around the world. It is irresponsible to ignore the transnational criminal threats in our own backyard. We need a strategy to interdict drug shipments and cut them off before they reach our shores, so I have submitted several amendments that would help focus our resources to interdict these shipments and to help stem the growing tide of illicit drugs entering the U.S. market.

One amendment would simply require the Defense Department, when it allocates funding to the States for the National Guard Counterdrug Program, to prioritize drug interdiction. More effectively using the National Guard's military capabilities to help interdict drug flows would provide a needed boost to law enforcement and counternarcotics efforts, especially on our southern border. Too often, law enforcement agencies have been left with scant resources to handle this growing problem, so this amendment would allow the National Guard to play a bigger role in drug interdiction.

Another amendment I have submitted would require the President to create a plan—a strategy, really—to increase interdiction of illegal drugs that enter across the southwest border. It would require the interdiction goal of 90 percent of those drugs, which would be a great leap forward from the current levels.

Last year, General Kelly, then the commander of Southern Command, estimated that only 15 to 20 percent of drugs bound for the United States were interdicted, just 15 percent to 20 percent. General Kelly said that, due to a lack of resources in the Southern Command, basically many times they were relegated to being observers as illegal drugs would transit across their area of operation.

Given our shortfall here, it is pretty amazing that a comprehensive plan across all relevant agencies doesn't already exist. It is shocking really. This amendment would make sure that one is created to boost the amount of drugs that we successfully interdict. It would also require the President to submit this plan to Congress so we can have a conversation between the executive branch and the legislative branch and so the American people could review it, could hold us accountable, and to make sure we are making progress on this front.

Finally, I have submitted an amendment to strengthen the High Intensity Drug Trafficking Area Program. This would help Federal, State, and local law enforcement officials use task force funding to implement a multidisciplinary heroin response strategy. This has been tested in several high-intensity drug trafficking areas with great success. This amendment would help implement this strategy nationwide, giving law enforcement additional tools to combat the growing threat of heroin from both the supply and demand side.

Mr. President, I am glad we are making some progress on this legislation. I am optimistic that we will be able to complete it this week in a bipartisan fashion, which is the only way you get these done around here. We desperately need to target the opioid epidemic happening across the Nation, and we also need to cut off as much of the supply of the cheap heroin as we can. When people can't get access to prescription drugs, too often they turn to cheap heroin, and that is why the supply issue is so important. But we need both pieces in order to make real progress and restore our communities currently plagued by addiction and drug abuse.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. AYOTTE. Mr. President, I rise today to urge my colleagues to join me in supporting the Comprehensive Addiction and Recovery Act. This is a bill that we have been working on for 2 years—Senator PORTMAN, Senator WHITEHOUSE, and Senator KLOBUCHAR. I thank them for their partnership and leadership on this bill. This is something the four of us got together on because we saw in our own States the public health epidemic that was happening with our constituents: individuals struggling with addiction, people who were addicted to prescription drugs and overusing and misusing prescription drugs, and then with the price of heroin on our streets so low that people are turning to heroin and also a combination of heroin and a deadly drug called fentanyl.

I thank Senators PORTMAN, WHITEHOUSE, and KLOBUCHAR for the work we have been doing together over the last several years on this bill to see this bill come to this Senate floor. This is a very important piece of legislation and will help us address the public health epidemic facing my home State of New Hampshire and this country. This is something I have come to the floor about on several occasions before.

Traveling around my State, I can't tell you the number of stories I have heard from people in New Hampshire about what we are facing and the number of lives that are lost, the number of lives that are devastated by heroin and fentanyl and misuse of prescription drugs.

This is a life-or-death issue in my State. The number of drug overdose deaths has been staggering. Before I came to the Senate, I served as attorney general of our State, and so I

worked with law enforcement on these issues, whether it was methamphetamine, cocaine, or other illegal drugs, but I have never seen anything like this. As of last week, the chief medical examiner's office had recorded that there were 420 drug deaths in 2015, and that was a dramatic increase in New Hampshire from the year before. The year before, we had about 320 drug deaths. So this is more than one person dying a day in my State. Many more than die in traffic accidents are dying from drug overdoses, and it is a combination, again, the driver of this—heroin and Fentanyl. Fentanyl is 40 to 50 percent times more powerful than heroin, and when the drug dealers mix it up with the heroin, it is a killer.

As Eric Spofford told me—he is an incredible guy who is in recovery and has opened treatment facilities in our State. He got it right when he said fentanyl is a serial killer because that is what it is.

In the month of February alone, there were 14 suspected opioid overdose deaths just in the city of Manchester—14 in just one city in my State. That is a record high in Manchester, NH. These are not just numbers that we are talking about. Behind every statistic is a life, a life that is taken from us far too soon and has been tragically lost—a mother, a daughter, a son, a brother, a neighbor, a friend, a coworker. This hits all of us, and these are people who are being lost from this horrible epidemic.

Behind the statistics and behind the headlines we see every day in the news, there are family members, friends, and communities that have been deeply impacted by this public health crisis, such as the mother from Greenville, NH, who wrote to me. She spends her days actually doing incredibly important work, helping people who are struggling with addiction. She helps them, and yet she has been coming home to see her own son struggling with heroin. She told me, ''As I tried to comfort those who have been affected by this tragedy, I think that my son will be next.''

In Laconia, a man helps those struggling to get treatment, but he feels helpless when they are faced with a 5-month waiting period for a rehabilitation facility. He wrote, ''In 5 months, these individuals may be dead.''

A parent from Salem, NH, contacted me and told me her son is struggling with heroin addiction, and she needs help finding a treatment program for him since she could not afford to pay for treatment herself. Parents don't know where to go.

I have met many parents who want to get help for their kids, and they are having a hard time finding a place and knowing where to go. Another mother of three children had to revive her son from an overdose before the paramedics could arrive.

The Griffin family from Newton, whom I have gotten to know well, lost their beautiful 20-year-old daughter Courtney to an overdose. Now, Courtney's father Doug and Courtney's mother Pam have made it their mission to bring awareness to this issue and to make sure that others don't suffer from the same tragedy they have suffered in the lost life of a beautiful young woman named Courtney, who had so much of life before her and so much potential. Doug and Pam and so many other dedicated people in New Hampshire are working tirelessly to turn the tide against this epidemic.

Over the past 2 years, I made it a priority to travel the State and hear from our public safety community, treatment providers, addiction experts, families, and individuals in recovery about finding effective strategies to address this problem. On ride-alongs with the police and fire, I have been to overdoses. I have seen them bring people back to life, administering Narcan only to say that they face this every single day. If we don't focus on prevention and we don't focus on treatment, and the important work that our first responders are doing, then we are not going to get at this problem and make sure people who are struggling get out of this cycle of addiction.

Treatment facilities in New Hampshire are certainly working tirelessly, and individuals are stepping up to expand our capacity in New Hampshire to support individuals who need help, and they need more support. I want to take a moment to recognize some of their hard work. Among so many others, I am grateful that there are so many working hard together in New Hampshire: Hope for New Hampshire Recovery, Families in Transition Willows Program, the Farnum Center, Westbridge Community Services in Manchester, GateHouse Sober Community in Nashua, Hope on Haven Hill, Bonfire Recovery Services in Dover, The Granite House in Derry, and the New Freedom Academy in Canterbury. I have met many incredible people who are dedicating their lives to this.

I have had the opportunity to visit these facilities and hear directly from the dedicated professionals who work there. They do critically important work. You have average people coming together, whether to organize a 5K race or to gain resources and support for people who are on the frontlines. This is what those who are on the frontlines are saying: Tackling this epidemic and reversing the tide of addiction will take a comprehensive, thoughtful approach, and include strategies for treatment, prevention, education, support for individuals in recovery, and interdiction. That is why we have to pass CARA.

CARA is important because it embodies the comprehensive approach that so many in my State have told me they need. Here is what it looks like. It gives more support to first responders and law enforcement, expanding the availability of lifesaving drugs like Narcan, which our first responders are using every day. And because CARA will help make this happen, it has been endorsed by the National Fraternal Order of Police, National District Attorneys Association, and National Association of Attorneys General, including New Hampshire's own attorney general, Joe Foster.

It strengthens prescription drug monitoring programs to help prevent ''doctor shopping.'' This is something I have been advocating for since I was attorney general of our State so that our public health officials can have the tools—because we know from SAMHSA research that four out of five people started by misusing or overusing prescription drugs and transferred to heroin. So this is critical.

It increases access to treatment, including evidence-based medication assisted treatment, which can help people have more access. We need to turn the tide. Over 130 stakeholder groups have gotten behind this legislation, groups that are on the frontline of this issue. Just to name some of them, it has been endorsed by the National Council for Behavioral Health, American Psychological Association, American Society of Addiction Medicine, Community Anti-Drug Coalitions of America, Harm Reduction Coalition, Faces and Voices of Recovery, Mental Health America, Young People in Recovery, National Association of State Alcohol and Substance Abuse Directors, among many others. I thank these groups for their feedback.

It would support additional resources to identify and treat incarcerated individuals suffering from substance abuse disorders and expand prevention. It is so important we address prevention.

It would establish a campaign to bring greater awareness to the association between the overuse and misuse of prescription drugs and what happens as people misuse prescription drugs and then go to heroin and deadly drugs like fentanyl.

This bill has overwhelming bipartisan support. It has 42 bipartisan cosponsors.

I see my colleague from New Hampshire on the floor. I want to thank her for her sponsorship of this legislation. This crisis does not discriminate. It doesn't care. Heroin, fentanyl—the devastating impact of this drug does not care whether you're a Republican, a Democrat, an Independent, whatever your background.

This is something that affects all of us. A high school student from Manchester who wrote to me, sharing how concerned he is about the negative impact this epidemic is having on his city. When he walks home from school, he sometimes sees discarded needles on the sidewalk, and tragically he lost his best friend to a fentanyl overdose.

Abi, who lives in the Seacoast Region, struggled with an opioid use disorder through her pregnancy until she was finally able to receive help and treatment and enter recovery. I met Abi, and I am so inspired by her because she shows us we can make a difference and we can turn this around.

A woman in Londonderry, who spoke to me at a community forum, was terrified her brother would suffer a reoccurrence as soon as he was released from prison because he wasn't getting treatment. She was worried about his path to a successful life because he was still suffering from a substance abuse disorder.

Then there is Angela from Nashua, who has turned her story into a rallying cry for others. Angela lost her mother to a heroin overdose 17 years ago and has adopted the children of several of her aunts and cousins who have lost their battles with addiction. After all of this, Angela's son and his girlfriend have become addicted to opioids and his girlfriend overdosed in Angela's home. Her son is still battling with heroin addiction.

There are so many groups that are working to support these individuals and we need to give them our support. They cannot and should not have to do this alone.

I see my colleague, Senator SHAHEEN from New Hampshire on the floor. I really appreciate her leadership on this issue. I am a cosponsor of Senator SHAHEEN's standalone legislation which would provide emergency appropriations in order to combat the heroin and prescription opioid crisis facing our State. In fact, she and I have both written to Health and Human Services and asked them to designate this as a public health emergency. We have seen the impact on our State and we have seen the lives that are being lost and impacted by this. So I am going to be cosponsoring Senator SHAHEEN's amendment to CARA and supporting it on the floor. I very much support her getting a vote on this amendment, and I hope that happens.

In addition, I appreciate that the President has put in additional resources in his budget to address this issue. This is an issue that we all have to work together on.

At the end of the year, there was also important funding that was passed that CARA would provide a very important framework for. Last year during the appropriations process, Congress worked to increase by 284 percent funding for programs at CDC and SAMHSA related to combating opioid abuse. While this is a positive step forward, these dollars actually haven't been distributed yet. It is important we pass CARA to make sure that as we go forward with the dollars that have already been appropriated and as we go forward in the appropriations process this year, that we have the framework to properly redirect this funding for prevention, treatment, and first responders, to make sure we have the feedback of 130 stakeholder groups and law enforcement throughout the country and to ensure that these dollars are appropriately spent to address the epidemic we are facing.

I have been honored to work over the last several years, again, with Senators PORTMAN, WHITEHOUSE, and KLOBUCHAR in introducing this bill. In fact, I also thank the head of drug policy in the administration, Director Botticelli. He summed it up well when we asked him what he thought about CARA. He said in a hearing before the Judiciary Committee in January:

> There is clear evidence that a comprehensive response looking at multidimensional aspects of this that are embedded in the CARA Act are tremendously important. We know we need to do more, and I think that all of those components put forward in this bill are critically important to making headway in terms of this epidemic.

The Comprehensive Addiction and Recovery Act would be a significant step forward in a Federal response to this public health epidemic that is facing New Hampshire and so many other States in the country. I urge my colleagues to support this critical legislation, to listen to the people of New Hampshire and to the people of this country who are asking us to act.

This is what they are saying in New Hampshire.

In Center Barnstead: ''Please pass legislation to save my son's life.''

In Manchester: ''I wake up every morning with a fear that I will find my son dead. I am crying out for help.''

In Spofford: ''I want my voice to be heard so that no one else falls through the cracks.''

In Londonderry: ''Addiction can happen to anyone.''

In Tilton: ''We need action, and we need it right now.''

We have an opportunity on this floor right now, in this debate, with very thoughtful legislation, very bipartisan legislation—the Comprehensive Addiction and Recovery Act—to take action now. We owe it to all those who have lost their lives, their families who have been impacted, and those who are struggling with addiction. We owe it to the first responders in our community and to the people who are working hard to turn this around in New Hampshire and across this country. To all, I thank them for the incredible work they are doing.

We need to pass this legislation. I urge my colleagues to join me in supporting passage of the Comprehensive Addiction and Recovery Act. This bill will make a difference, and I believe it will help save lives in New Hampshire and across the country.

There is no doubt that passing this bill will make a difference. We will all need to continue to do more. We will all need to continue to fight for more and more support through the appropriations process and any way we can. I intend to keep up this fight because I know lives are on the line. I know this issue is impacting my State. I know that as I talk to the mothers, the daughters, the fathers, the sons, the friends who are telling me the stories of the people they have lost, that we can turn this around. It is so important that we pass this legislation.

Again, I wish to thank my colleague from the State of New Hampshire for her work on this.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I ask unanimous consent to speak for up to 30 minutes, and I wonder if the Chair will advise me when I have about 3 minutes remaining.

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

The Chair will so notify the Senator.

Mrs. SHAHEEN. I thank the Presiding Officer.

I am pleased to join my colleague from New Hampshire on the floor and the others who have spoken this morning so eloquently about the heroin and opioid epidemic that is ravaging families and communities in every one of our States.

As Senator AYOTTE said so well, we have seen in New Hampshire that we are at ground zero for this epidemic. In terms of the percentage of people affected in New Hampshire, we are losing a higher percentage than almost every State in the Nation. This is an issue we need to work together to address. I think we have to respond much more robustly than we have done at the Federal level because this epidemic is becoming a pandemic. It is affecting young and old, urban and rural, rich and poor, Whites and minorities.

As others have said, the Senate is now considering the Comprehensive Addiction and Recovery Act or CARA. I want to congratulate the sponsors of the legislation because this is a good bipartisan bill. It is important as we look at what we need to do to address the epidemic we face.

In addition to the authorizations and the good work that is in the CARA legislation, we also need to provide the resources that law enforcement and health professionals who are on the frontlines of dealing with this crisis are going to need. Despite heroic efforts, law enforcement and treatment professionals are increasingly overwhelmed by the sheer scope and scale of the opioid and heroin crisis. Everywhere I go in New Hampshire, the lack of resources is abundantly clear. Our communities need additional funding—and they need it urgently.

So this is why I have submitted an amendment cosponsored by the author of CARA, Senator WHITEHOUSE, and I am pleased my colleague from New Hampshire has also joined in cosponsoring this amendment. This amendment would provide $600 million in emergency funding for critical programs that we know will help address this crisis.

I am on the floor to urge the majority leader and the leadership of the Senate to allow a vote on this legislation because this is a nationwide emergency of the first order, and it is time for us in Congress to treat it like a nationwide emergency.

In 2014, more than 47,000 Americans died from lethal drug overdoses—more fatalities than from car accidents. Each day 120 Americans die of drug

overdoses—2 deaths every hour. In our State of New Hampshire, where we have 1.3 million people, we are losing more than a person a day to drug overdose deaths.

Here we have a map of America that shows the increases in deaths from drug overdoses. We can see in 2003 the majority of the map is lighter colored, so it means it doesn't have the same number of deaths. In 2008 we can see this dark red color which shows the deaths from drug overdoses increasing. Here, in 2014, we see the impact of those 47,000 people lost.

The State of the Presiding Officer, like in New Hampshire, is at ground zero in the State of Arizona. In West Virginia, in Tennessee, and in Kentucky, they are seeing the same dramatic increase in the number of deaths from drug overdoses. This chart represents overdose deaths per 100,000 people. Again, it demonstrates how truly national in scope the crisis has become. No State is immune from the scourge.

Across the country, our communities are asking why this is happening. They are asking why so many of our family members and neighbors are overdosing on these drugs. Sadly, as we have heard from people who have spoken on the floor, one of the primary reasons is because so many people are becoming addicted to prescription opioid drugs, better known as painkillers. In 2012, 259 million prescriptions were written for these drugs—almost 1 for every American. That is more than enough to give every American adult their own bottle of pills. During a 3-month stretch in 2015 in New Hampshire, 13 million doses of schedule II painkillers were dispensed at New Hampshire pharmacies in just one 3-month period—13 million pills in 3 months for a State with a population of 1.3 million, and nearly 80 percent of these prescriptions were for heavy painkillers like oxycodone, morphine, and fentanyl.

If we look, we can see how this graph dramatically tracks the increase in drug prescribing and the number of deaths that resulted. The number of drug overdose deaths has risen as opioid prescriptions have increased. This orange line is the number of deaths. The green line is the number of prescriptions that are being written. We are missing the data for the year 2012, but there is no doubt that those deaths track the number of prescriptions for painkillers that are being written.

The National Institutes of Health have found that people who are addicted to opioid painkillers are 40 times more likely to be addicted to heroin. So when someone gets addicted to pain pills and can no longer get prescriptions, they turn to drugs like heroin and fentanyl.

What I heard from law enforcement in New Hampshire and from the medical community is that people turn to heroin because it is cheaper and easier to get than prescription drugs after they become addicted. Of course, we have seen that drug traffickers are taking advantage. They are flooding our streets with these drugs. In many of our communities, that bag of heroin is cheaper than a six-pack of beer. Of course the end result is a staggering increase in overdose deaths, which we can see on this chart.

Again, in 2014, nearly 21,000 people died from opioid abuse. There were more than 10,000 deaths from heroin. That is a 222-percent increase from 2009 levels.

So we can see that these are opioid deaths, these are deaths from cocaine, and these are deaths from heroin. We can see the red line and the green line have gone up dramatically.

A professor at Johns Hopkins School of Public Health, Brendan Saloner, describes opioid addiction as ''a chronic relapsing illness, just like diabetes.''

We know treatment is the only effective answer. Again, what I have heard from law enforcement in New Hampshire is that they know they can't put drug users in jail. That is not the answer to deal with this challenge. We need to put the bad guys in jail, but we need to provide treatment to the people who need it because that is the only effective answer. Unfortunately, it is a tragic reality that nationwide nearly 9 out of 10 people with substance use disorders don't receive treatment. They are being turned away and denied treatment due to a chronic lack of resources.

My colleague from New Hampshire spoke very eloquently about some of the people she heard from. We have heard from people in the same way in New Hampshire. Of the 1.3 million people in our State, it is estimated that 100,000 people—almost 10 percent—are currently seeking treatment for substance use disorders. We are able to offer services to only a small fraction of that total.

Over the last decade the number of people admitted to State treatment programs increased 90 percent for heroin use and 500 percent—500 percent—for prescription drug use, with the largest increases occurring in the past several years.

As we can see from this chart, lack of treatment is a national problem: the darker the green, the more people in that State who are not receiving treatment for addiction. Sadly, New Hampshire is a very dark green, as is Arizona, the Presiding Officer's State. You can see this dark green line coming down the east coast and going up the west coast.

In 2014, in Kentucky, 82,000 people needed addiction treatment but failed to get it—in Tennessee, 116,000 people; in Arizona, 157,000; in Nevada, 55,000; in North Carolina, 200,000 people. These are all people who needed treatment who didn't get it. When people don't get treatment, they are overdosing in overwhelming numbers.

Sadly, this map of the United States shows where the overdose death rates are the highest. Where the darkest colors are shown the death rates are greater than 19 per 100,000 of population. We can see many of the same States, such as New Hampshire, that have the most difficulty in people finding treatment. Those are the States where we are finding the highest death rates. In 2014 in Kentucky, 1,100 people died from a drug overdose; in Tennessee, 1,200 people; in Arizona, 1,200 overdose deaths; in Nevada, 500; and in North Carolina, 1,300.

In recent days I have had a chance to visit three treatment centers in my home State, Headrest in Lebanon, Serenity Place in Manchester, and Seacoast Youth Services in Seabrook. These treatment centers are staffed by skilled, dedicated professionals. They are saving lives every day, but they tell me that for every life they save, many more are being lost for lack of treatment capacity, lack of facilities, and lack of funding.

I had a chance on some of those visits to meet with some of the people in recovery. I can remember one young man up in Lebanon at Headrest who had been in and out of prison because of crimes committed when he was using. He said to me that it costs thousands of dollars to keep someone in prison. The figure he used was $35,000. He said: Don't you all know that it is cheaper to give somebody treatment? It is absolutely more cost effective for us to provide treatment for people who are in recovery, people who need help.

I heard from a young woman in Manchester who said that she had been arrested for drug use. She said: I am not a criminal. My problem is I need treatment to deal with these drugs.

Another young woman who was in her early twenties who had been in and out of the Manchester jail—the Valley Street jail—said: You know, they don't provide treatment in the Valley Street jail. I learned when I got picked up that I don't tell them that I have a drug problem or that I have mental health issues because if I do, they put me in the bubble where I get observed 24 hours a day, regardless of what I am doing. What I need is treatment. I don't need to be in the bubble.

Well, that is why this supplemental amendment would increase resources for treatment and recovery—because the answer is treatment. Our amendment includes $300 million for the Substance Abuse Prevention and Treatment Block Grant Program. This program is the premier Federal initiative to boost State and local resources for prevention, treatment, and recovery support. In 21 States this block grant program represents at least 75 percent of the State agency's substance abuse prevention budget. In some States, sadly, it is the only funding for substance abuse prevention. If we are going to get a handle on this problem, we are going to have to provide some additional resources for the treatment that these programs need. This funding will result in an immediate increase in the number of addicted individuals who

will receive lifesaving treatment. It will also save taxpayer dollars in the future, just as I heard from that young man at Headrest, who said it is cheaper to provide treatment than to build prisons. He is absolutely right.

The National Institute on Drug Abuse estimates that for every dollar spent on substance use disorder treatment programs there is a $4 to $7 reduction in the cost of drug-related crime. An outpatient treatment program can result in savings that exceed costs by a factor of 12 to 1.

I live in Stratford County in New Hampshire. It has used the modest funding from this block grant program, the Substance Abuse Prevention and Treatment Block Grant Program, to accomplish important things, including expanding the peer-based addiction recovery efforts and working at schools to engage at-risk students in the middle school years. If we can prevent addiction, that is obviously the best thing we can do.

Unfortunately, many prevention and treatment efforts in Stratford County remain chronically underfunded. I recently learned about one local woman, a mother and waitress, who overdosed in front of her 2-year-old child. Fortunately, she received inpatient treatment, and now she is doing well. Others have not been so lucky. Like cities and counties all across America, Stratford has a months-long waiting list for those needing treatment. When people with substance use disorders are turned away, they remain on the streets—desperate, often committing crimes to support their addiction, always at constant risk of a lethal overdose.

Vice News in New Hampshire recently profiled the opioid epidemic. The reporter interviewed one desperate user who said this:

> I tried to get help and stop, but at the treatment center they said I would have to wait 3 months. I had to go to the hospital and tell them I was going to kill myself just to get admitted.

That should not happen in America.

Another critical tool in the effort to stem the tide of this crisis is prescription drug monitoring programs. These State-run programs collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners. We know that monitoring works. We have the data to show that it works, but only half of the 50 States are receiving Federal support.

The emergency supplemental amendment would include $50 million for the CDC to expand and bolster State drug monitoring programs. Our amendment also allocates $10 million to improve access in high-risk communities to medication-assisted treatment services for heroin and prescription opioids because numerous studies have shown the effectiveness in including medication in the treatment of some individuals with substance use disorders. Medications like methadone, buprenorphine, and naltrexone have been shown to reduce opioid use.

Our supplemental spending amendment would also speed emergency resources to law enforcement agencies. This Senator has heard from police in New Hampshire. They can't solve this problem by putting people in jail. They can help to solve it by putting traffickers in jail and by breaking up those networks that are supplying drugs.

In recent years, the opioid epidemic has spread to small towns and rural areas in every part of the country. If we went back to that first map of the United States, we could see just how much the spread has been to rural parts of this country. Heroin traffickers in New York expressly target New Hampshire, Vermont, and Maine—all States with a large rural population. We don't have any real urban areas in our States, but we can see the spread of those drugs in northern New England.

This amendment will provide $230 million in emergency funding for Edward Byrne Memorial Justice Assistance Grants, and $10 million for COPS Anti-Heroin Task Force Grants. The Byrne JAG Grant Program is the Nation's cornerstone crimefighting program. It has proved its effectiveness in each of our States, which is why it enjoys such strong bipartisan support. But the program has suffered cuts. In New Hampshire, we received $1.7 million in Byrne funding in 2007. Last year we received less than $1 million—almost a 50-percent reduction.

I had the chance to travel with Senator HOEVEN down to our southern border of Texas last spring because we both are on the Appropriations Subcommittee on Homeland Security. We talked with some of our Customs and Border Patrol employees who were down on the border in Laredo and were interdicting drugs down on our southern border. One of the things they talked about is that drugs are coming across our southern border and they are going up the Interstate Highway System. They are going up Interstate 95 to northern New Hampshire. They are going up Interstate 35 through the middle of the country. We have to provide law enforcement with the funds they need to interdict those traffickers. We need an infusion of new funding to mobilize so that the programs are more aggressive for stopping opioid traffickers and dealers.

Our amendment requires that Byrne JAG funds be used directly to combat the opioid crisis for this emergency funding. That will allow for programs that emphasize treatment over incarceration, such as drug courts.

In New Hampshire we have seen what a difference it can make to have well-resourced, ambitious law enforcement initiatives. From May to December of last year, the High Intensity Drug Trafficking Areas Task Force, or the HIDTA Task Force, based in Bedford, NH, carried out Operation Trident. They draw on Federal, State, and local law enforcement resources in New Hampshire and Massachusetts. It makes sense because the more we cooperate, the more we can respond.

Operation Trident resulted in 240 arrests. They took down four major heroin fentanyl trafficking organizations. They dismantled three processing mills, and they seized more than $1.2 million in assets. What we have to do is continue to recreate these successes all across the country by moving aggressively to take down the gangs and other trafficking organizations that are feeding the opioid epidemic. To do that we have to provide the resources.

This emergency funding amendment doesn't create any new programs. Instead, we fund proven and effective initiatives like Byrne JAG and the substance abuse preventive and treatment block grants. These initiatives have earned bipartisan support because Senators have seen the good work it has done in each of our States. By allocating these emergency resources to these proven programs, this amendment will provide law enforcement and treatment professionals with the resources they need to go on the offensive to mobilize a real war on opioid trafficking and addiction.

Perhaps most importantly, our emergency supplemental funding amendment funds the programs that are included in the CARA bill. I want to thank Senator WHITEHOUSE and other drafters of CARA, who have made important statutory steps and programmatic changes to improve programs that help treat addiction.

But CARA, as important as it is, is an authorization bill that doesn't provide any funding. If we support making the changes in the law that are included in the CARA bill, then we should also support the funding needed to make these programs work.

This chart shows a quote from the National Governors Association. Recently, they came together and they endorsed emergency appropriations to address this crisis. They wrote:

> Governors applaud the introduction of legislation that would provide emergency assistance to states working on the front lines of the opioid crisis. . . . [I]nvestment is needed to help states mount an effective response to opioid addiction, from increasing prevention and education regarding the dangers of illicit drugs to strengthening state prescription drug monitoring programs, expanding access to addiction treatment and enhancing support for law enforcement.

The Fraternal Order of Police has endorsed this amendment, saying:

> This bill will help our State and local law enforcement officers by giving them the necessary funding and tools to battle their communities' heroin and opioid problems. Something needs to be done.

Mr. President, I ask unanimous consent to have printed in the RECORD the support letter from the Fraternal Order of Police.

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

NATIONAL FRATERNAL ORDER
OF POLICE,
Washington, DC, February 29, 2016.

Hon. JEANNE SHAHEEN,
U.S. Senate,
Washington, DC.

DEAR SENATOR SHAHEEN: I am writing on behalf of the members of the Fraternal Order of Police to advise you of our support for your bill S. 2423, the ''Opioid and Heroin Epidemic Emergency Supplemental Appropriations Act.'' This legislation will make available $210 million to help law enforcement fight the heroin and opioid epidemic that is destroying our communities.

This bill will help our State and local law enforcement officers by giving them the necessary funding and tools to battle their communities' heroin and opioid problems. This funding will be used for expenses relating to drug treatment and enforcement programs, law enforcement programing, and drug addiction prevention and education programs. Something needs to be done and Congress is correct to provide law enforcement with the resources we need to combat this epidemic.

On behalf of more than 330,000 members of the Fraternal Order of Police, I thank you for your continued leadership and support of law enforcement. I look forward to working with you and your staff to get this bill through Congress to put an end to the heroin and opioid epidemic. If I can be of any additional assistance, please do not hesitate to contact me or my Executive Director Jim Pasco at my Washington office.

Sincerely,

CHUCK CANTERBURY,
National President.

Mrs. SHAHEEN. We have also received support from groups such as the American Academy of Pain Management; the American Public Health Association; the American Society of Addiction Medicine; the Association of Women's Health, Obstetric and Neonatal Nurses; the Partnership for Drug-Free Kids; the American College of Physicians; and the National Association of State Alcohol and Drug Abuse Directors.

Mr. President, I ask unanimous consent to have printed in the RECORD the list of groups.

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

EMERGENCY SUPPLEMENTAL FOR HEROIN AND OPIOID ABUSE SUPPORTING ORGANIZATIONS

Fraternal Order of Police, American Academy of Pain Management, American College of Physicians, American College of Sports Medicine, American Osteopathic Association, American Public Health Association, American Society of Addiction Medicine, Association of Women's Health, Obstetric and Neonatal Nurses, College on Problems of Drug Dependence, Community Anti-Drug Coalitions of America.

Connecticut Certification Board, Friends of NIDA, IC & RC, Illinois Alcoholism and Drug Dependence Association, California Consortium of Addiction Programs and Professionals, National Association of State Alcohol and Drug Abuse Directors, Partnership for Drug-Free Kids, Physician Assistant Education Association, SAI, Trust for America's Health.

NATIONAL GOVERNOR'S ASSOCIATION STATEMENT

Provide emergency supplemental funding to help states and communities turn the tide on the opioid epidemic. Governors applaud the introduction of legislation that would provide emergency assistance to states working on the front lines of the opioid crisis. Congress has provided billions in emergency aid to address natural disasters, security threats and other crises, including more than $5 billion last year to combat Ebola at home and abroad. A similar investment is needed to help states mount an effective response to opioid addiction, from increasing prevention and education regarding the dangers of illicit drugs to strengthening state prescription drug monitoring programs (PDMPs), expanding access to addiction treatment and enhancing support for law enforcement.

Mrs. SHAHEEN. The question is, Why do we need emergency funding? Some of my colleagues have argued that additional funds are not needed because there was enough money for the opioid crisis in last year's omnibus. Yes, it is true there is additional funding for these programs in the omnibus. I sit on the Appropriations Committee; I was one of many on that committee who worked very hard to fight for those dollars. But with spending caps in place, these increases are modest at best.

The majority of my supplemental amendment appropriates resources to two programs: the substance abuse prevention and treatment block grant and the Byrne JAG Program. These programs have been critically underfunded in recent years. For example, the substance abuse prevention and treatment block grant received a small increase in the omnibus. That was good, but the reality is that over the last 10 years, funding for this program has not kept up with health care inflation. So we have a 26-percent decrease in the real value of funding despite the small increase we got in the appropriations process. In order to restore the block grant to its purchasing power from 10 years ago—10 years ago, before we had the explosion of the opioid and heroin crisis—just to get back to that level, Congress would need to allocate an additional $483 million for fiscal year 2017. My amendment provides $300 million for this program. It is a downpayment—only a downpayment—on where we need to be. The Byrne JAG Program has been flat-funded for the last 3 years.

Fifteen years ago—again, before the explosion of the heroin and opioid crisis—Congress provided more than $1 billion in support to State and local law enforcement through Byrne JAG and block grant funding. By 2015 that number had been reduced to $376 million. Right now, despite the explosion in this heroin and opioid crisis, we are providing only about one-third of the support we provided 15 years ago.

The reality is that criminal justice and prevention and treatment have been chronically underfunded and, as a result, deaths have continued to rise.

The PRESIDING OFFICER. The Senator has consumed 27 minutes.

Mrs. SHAHEEN. Thank you, Mr. President. I should be finished shortly.

We have talked to the Department of Justice and to Health and Human Services, and they are ready to get this funding out the door immediately because there is no time to wait. Law enforcement and health care providers on the frontlines need this money, and they need this money now.

In the past, Congress has risen to the challenge of epidemics. In 2009, Congress appropriated nearly $2 billion in emergency funding to fight swine flu, which claimed the lives of about 12,000 Americans. That emergency appropriations bill passed the Senate 86 to 3. Mr. President, 51 Senators who voted for that bill are still serving in this Chamber, including 23 Republican Senators and every Member of the Republican leadership. Last year, Congress approved $5.4 billion in funding to combat the Ebola outbreak in West Africa, an outbreak that killed only one American. Surely we can come together now, this year, in this session, to fight a raging epidemic here at home. We cannot avert our eyes from 47,000 Americans who are being killed by lethal overdoses each year. We cannot accept that 9 out of 10 Americans with substance abuse disorders go without treatment. We cannot avoid the fact that law enforcement officers in communities across this country are overwhelmed by aggressive drug traffickers and a rising tide of opioid-related crimes.

CARA will help fight the heroin and opioid epidemic in the longer term, but I urge my colleagues to also support this emergency supplemental funding amendment because it will provide urgent emergency funding to ramp up this fight in the months immediately ahead. This is a nationwide crisis, and it is time we mobilize a nationwide response that is equal to the challenge.

I urge my colleagues, I urge the majority leader to allow a vote on my amendment and to pass this out so we can give our local communities and States the resources they need.

I yield the floor.

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

The bill clerk proceeded to call the roll.

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

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

Mr. LANKFORD. Mr. President, I ask unanimous consent that the Senate recess as under the previous order.

RECESS

There being no objection, the Senate, at 12:23 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

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

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. TILLIS. Mr. President, you know more than just about anybody else here

that across the Nation there has been a dramatic increase in the incidence of opioid addiction, which is now at the point of being a full-blown crisis.

In my home State of North Carolina, we have seen this devastation firsthand, with 1,358 overdose deaths in 2014 alone fueled by the combination of abuse of opioid-based prescription painkillers and heroin. To put that figure into context, that is more than the number of North Carolinians who lost their lives in automobile accidents in 2014.

For far too long the conventional thinking was that drug addiction deserved the stigma it receives: a choice made by criminals who were intent on destroying the lives of themselves and others. It was a dark and painful embarrassment for their families. It is long overdue for us to come to grips with reality because we know the truth: Drug addiction doesn't discriminate based on one's gender, race, or socioeconomic status. Successful CEOs of major companies have succumbed to addiction. Straight-A students and valedictorians with once bright futures ahead of them have succumbed to addiction. PTA moms and dads, who were pillars of their communities, have succumbed to addiction. We know it because we have seen it in our inner cities, our suburbs, and our tight-knit rural areas.

Two weeks ago I picked up my hometown newspaper, the Charlotte Observer. On the front page was a report that highlighted the rising prescription overdose epidemic. It started off with a terrifying story of a North Carolina mother that encapsulates the kind of crisis we are dealing with.

The story began:

> The Charlotte woman didn't know her daughter was a drug addict until she heard a thud upstairs.
>
> Her daughter, a bright Myers Park High graduate, had returned from college for the weekend with a sack of dirty laundry. Her mother was folding clothes in the den when she heard the fall of her daughter's unconscious body.
>
> She sprinted upstairs. ''She's unconscious on the floor, blue, not breathing. No heartbeat,'' said the mother.

That is what the mother saw on the floor of her daughter's bedroom. Fortunately, in this case, the young woman survived the painkiller overdose. With the support of a loving family, she has an opportunity to get her life back on track and seize the chance to reach her full potential. But let's not kid ourselves. This near tragedy could have happened anywhere in America, and any parent could have experienced it.

It is important to reflect on how it got to this point, though. In 2012 the CDC completed a report that said that in North Carolina, there were 97 painkiller prescriptions written per 100 people. So what does that mean? It doesn't mean 97 percent of the people in North Carolina are getting painkillers; it means there is a group of people who are getting dozens and dozens, sometimes hundreds of prescriptions for opioids. In part, this is a result of a greater awareness of the importance of pain management. And many people do need pain medication, but the wider availability of these life-improving and lifesaving surgeries and treatments has actually contributed to the epidemic.

The medical community rightly recognized that managing patient pain was the compassionate thing to do and started holding providers accountable for doing so. However, the risk of the wider availability of these powerful medicines must be urgently and rigorously addressed. That is because for Americans from all walks of life, the nightmare of addiction begins with something as unassuming as a routine prescription for a painkiller such as OxyContin or Percocet. Due to the highly addictive nature of these drugs, a patient's body can become dependent and they experience debilitating withdrawal. Once the prescription runs out, the physical addiction unfortunately influences people to make really bad decisions that can be life-changing—seeking more pills on the black market when their doctor says ''no more'' or turning to cheaper or even more deadly opioid drugs, such as heroin.

Opioid addiction is a slippery slope, and it is a deadly slope. The CDC has concluded that people are 40 times more likely to be addicted to heroin if they are addicted to prescription painkillers.

Our country desperately needs coordination from Federal, State, and local law enforcement officials to develop comprehensive strategies to combat heroin trafficking and to prevent prescription drug diversion. Federal dollars and resources come with so much redtape and so many mandates that State and local experts cannot use funding for different initiatives, and that is what the CARA bill seeks to address. For example, there simply are not enough treatment slots for mothers with children, and there isn't enough assistance provided to pharmacists and doctors to teach them how to best manage their prescriptions and help the people with the highest risk of addiction.

It has been heartening to see Members of Congress set aside their partisan differences in order to take immediate action to address the current shortcomings. I am proud to be a cosponsor of the Comprehensive Addiction and Recovery Act, which is the bipartisan legislation that brings together the experiences and recommendations of drug addiction experts, law enforcement, health care providers, first responders, and the patient community most affected by the opioid epidemic.

The legislation expands abuse prevention and education initiatives. It provides grants to substance abuse agencies, local governments, and nonprofit organizations in North Carolina and the rest of the Nation that are being hit hardest by the heroin and painkiller epidemic.

Local first responders will receive help through expanded availability of naloxone, a powerful antidote that is used to prevent overdose deaths. It has had amazing impacts on saving the lives of people, such as the young lady I talked about earlier.

The legislation also addresses the strain the addiction crisis places on our criminal justice system by providing more resources to identify and treat incarcerated Americans, helping put them on the path to recovery, which in turn could lower the Nation's recidivism and crime rates.

We can never forget that the solution to so many of America's problems can be found in our local communities—our schools, our churches, townhalls, and VFW halls. The Federal Government can help support these efforts through smart, commonsense approaches, such as the Comprehensive Addiction and Recovery Act, or CARA. However, we must be honest in recognizing that success will be neither quick nor easy. We are confronted with the reality that addiction is a vicious and devastating cycle of abuse and despair, with consequences that can result in the destruction of loving families and the end to once-promising lives. It affects us all, Mr. President. The fight against addiction is one we must wage together, and we cannot afford to lose.

Mr. President, I want to thank the Presiding Officer personally for his leadership on this issue.

I look forward to seeing the CARA bill come to the Senate and then on to the President's desk.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, I also want to take a few moments today to discuss the devastation drugs are bringing to too many families and communities across our Nation and also to congratulate the Presiding Officer for his great work on this issue. The bill before us today is a collaborative effort of his and Senators AYOTTE, TOOMEY, and others who have worked very hard to address what has become an epidemic across our country. It is particularly hitting States hard, it is hitting communities hard and families hard, and it needs to be dealt with. The destructive effects of illegal drug use have been well documented, and anything we say about the problem is likely to have been said many times before, but it is still worth saying because we cannot afford to forget what is at stake in this effort.

In my home State of South Dakota, methamphetamine use has hit our Indian reservations very hard over the past few years. Numerous individuals have become trapped in a cycle of meth abuse, their plans and dreams for their futures erased as their world shrinks to nothing more than their next dose. Of course, drug abuse doesn't just affect the individual using drugs; it ripples out into families and communities. Since meth abuse spiked on our reservations, there has been a significant

increase in the number of babies born addicted to meth, and that is about as heartbreaking as it gets, Mr. President—a newborn baby screaming in agony as her body suffers withdrawal.

The meth epidemic on our reservations has also caused a significant increase in the number of meth-related crimes, including sexual assaults, domestic violence, child neglect, car accidents, and gang violence.

The meth epidemic has worsened the housing shortage facing South Dakota tribes because meth has contaminated a number of homes across our reservations. Cleaning up a house that has tested positive for meth costs thousands of dollars.

Several South Dakota tribes have seen so much devastation from meth abuse that they have declared a State of public emergency to gain access to additional government resources to fight the problem.

Today we are considering legislation to address another drug epidemic that has caused similar devastation—the abuse of prescription painkillers and heroin.

Since 1999, drug overdose deaths from prescription opioids, such as oxycodone and hydrocodone, have quadrupled. Forty-four Americans die every single day after overdosing on prescription opioid painkillers, and the numbers on heroin abuse are similarly disturbing. Heroin abuse in the United States nearly doubled between 2002 and 2013, while overdose deaths related to heroin nearly quadrupled. Between 2013 and 2014 alone, heroin use in the United States increased nearly 35 percent. Behind those numbers are thousands of broken families, suffering children, and devastated communities.

Any response to a problem as deep and complex as drug abuse has to approach the problem from a number of different angles. It has to address education and prevention. It has to target the drug supply by going after those who trade in and produce drugs. And it has to ensure that individuals trying to escape the cycle of addiction have access to the resources they need to overcome their dependence. The bill before the Senate today, the Comprehensive Addiction and Recovery Act, targets all these priorities. A substantial part of the bill is focused on funding programs that provide treatment and support for individuals trying to escape painkiller or heroin dependence. The bill also provides grants for education and prevention and for local communities' anti-drug efforts.

An important section of the bill focuses on developing best practices for prescribing pain medication. Right now, prescription painkillers are heavily prescribed in the United States. In fact, the United States consumes more opioids than any other country in the world. Our country accounts for almost 100 percent of hydrocodone used globally and 81 percent of oxycodone use. In 2012 doctors prescribed enough prescription opioids to give every adult in the United States a month's supply. Let me repeat that. In 2012 doctors prescribed enough prescription opioids to give every adult in the United States a month's supply.

It goes without saying that prescription painkillers can be a key part of medical treatment, but it is essential that we make sure these potentially addictive drugs are being carefully prescribed and that they are only being prescribed when they are really needed. Reviewing and updating prescribing practices will help us prevent attempts to use these drugs inappropriately.

One of the most important parts of preventing drug abuse is going after the people who prey upon the vulnerabilities of their fellow man by engaging in the drug trade. One significant reason for the recent spike in heroin abuse is the sharp increase in supply of affordable heroin here in the United States over the past several years. This increase has been driven by a major surge in heroin production in Mexico. Between 2013 and 2014 heroin production in Mexico increased a staggering 62 percent—62 percent, in 1 year. A large part of that production increase has ended up here in the United States. Any successful strategy to combat the heroin epidemic in the United States has to include efforts to check the flow of heroin coming across our borders. The Comprehensive Addiction and Recovery Act addresses this priority by authorizing grants to State law enforcement agencies to investigate the illegal trafficking and distribution of heroin and prescription painkillers, and Republicans will continue to look for ways to support Federal, State, and local law enforcement as they seek to stem the flow of drugs into our communities.

The Comprehensive Addiction and Recovery Act is an important bill. It is supported by Senators of both parties and by a number of law enforcement and drug treatment associations. It takes the kind of comprehensive approach we need to address the abuse of heroin and prescription painkillers, but our efforts are not limited to this bill.

Last year we passed the Protecting Our Infants Act to help prevent and treat prescription painkiller abuse in pregnant women and provide care for newborns who suffer as a result of their mothers' abuse of opioids. We also increased funding for efforts to combat painkiller abuse and provided grants to States to help them prevent and treat drug abuse. As chairman of the Senate Commerce Committee, I worked with my colleagues last year to provide new resources to the Coast Guard, the leading Federal agency for combating the drug trade on the high seas. The Senate Finance Committee recently held a hearing on the Stopping Medication Abuse and Protecting Seniors Act, which establishes a Medicare Program to prevent painkiller abuse.

Too many lives across our country have been wrecked by drug abuse, too many children have lost a mother or a father to addiction, and too many communities are bleeding from the violence and brokenness that accompany the drug epidemic in this country.

Republicans remain committed to doing everything we can to support those fighting drug abuse, whether they serve in law enforcement agencies, emergency rooms or classrooms. We are committed to reaching a day when fewer lives are destroyed by the scourge of drugs.

The legislation before us today—which Senators PORTMAN, AYOTTE, TOOMEY, and others have been involved with—is an important step forward in helping to address something that has become a crisis in this country and which is impacting, in a harmful and negative way, way too many families and way too many individuals and ruining the hopes and aspirations of too many young people and children across the country.

Let's pass this legislation, let's get the House to pass a similar piece of legislation, and let's get something on the President's desk that can be signed into law that will bring the relief that is needed.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. WHITEHOUSE. Mr. President, no one appears to be seeking the floor right now, so I will take the opportunity to speak about our CARA legislation. Since the Senator from Ohio, who has been my partner in this, is now presiding, this is an opportune time to give some remarks.

I think like many States, just from the remarks we heard on the floor already, it is not unusual to have a terrible toll at home from opioid abuse and from overdoses. In 2014, 239 Rhode Islanders lost their lives to overdoses. That is more than were killed in automobile accidents, more than were killed in homicides, more than were killed by suicide. Indeed, that is more than all of those categories—automobile accidents, homicides, and suicides—combined.

In one small community, Burrillville, RI, the beginning of last year was marked by six opioid overdose deaths. Burrillville is a very small town in northern Rhode Island. There are probably 5,000 people who live there. In one quarter, the opening quarter of last year, to lose six people, to have six police calls to the scene, to have six wakes, six funerals in a community that small—that is sadly emblematic of what is going on all around the country.

Rhode Island is not alone. The addiction overdoses are claiming lives, creating tragedy, and destroying families

across the United States. Our emergency rooms in America treat almost 7,000 people every single day for the misuse or abuse of drugs. There are 7,000 people who come through the ER doors needing treatment, which, by the way, runs up costs to our health care system. More than 120 people die every day as a result of an overdose. The latest year for which we have figures is the year that Senator THUNE just mentioned, 2014—47,000 dead in 1 year.

If you leave this building and walk down to the Mall, you will find the Vietnam war memorial. The Vietnam war memorial has about 58,000 names on it. From the entire Vietnam conflict, there are 58,000 names on the Vietnam war memorial. From 1 year of opioid overdose, there are 47,000 deaths. I am afraid it probably went up in 2015. We don't have the figures in yet.

Behind this tragedy of death and sorrow lies a terrible failing, which is that, according to the most recent estimates, nearly 9 out of 10 people who need drug treatment don't get it. They just don't get it. When you think of that death toll, you think of the cost and you think of the sorrow. The idea that we are still letting 9 out of 10 people who need treatment not even get it, not have access to it, is a terrible failing.

The economic cost of all of this is something we always think about here in Congress. Whether it is from health care costs or criminal justice-related costs or loss of productivity at work, that has been estimated at as much as $70 billion per year.

One thing we have seen is that the ongoing substance abuse epidemic does not discriminate by race, by ethnicity, by gender, or by age. Overdose rates are up in both men and women, in non-Hispanic Whites and Blacks, and in adults of almost all ages. The dynamic nature of this epidemic demands that we respond in a comprehensive way—a way that brings together the public health, the public safety, the behavioral health care, the addiction recovery, and other communities.

It was out of this recognition, this realization that this pandemic, as some have aptly called it, requires an all-hands-on-deck approach that the Comprehensive Addiction and Recovery Act was born. Starting in the spring of 2014, Senator PORTMAN of Ohio, Senator KLOBUCHAR of Minnesota, Senator AYOTTE of New Hampshire, and I hosted a series of bipartisan, bicameral congressional forums addressing various aspects of addiction—from the role of addiction in our criminal justice system, to the special challenges faced by women, by veterans, by young addicts, and the collateral consequences that we impose on people when they are in recovery. We hosted five forums, as the Presiding Officer will well recall, that brought together experts from these various fields to come here from all around the country. This was a national pilgrimage to Washington to highlight best practices and to share success stories from their States.

I have more remarks that I will be pleased to make as the day goes on, but I am here managing the floor, and so I will yield the floor to my colleague and fill in again when there is a gap in the proceedings.

I yield the floor, and I will pursue this later.

The PRESIDING OFFICER. The Senator from Montana.

GUANTANAMO DETAINEES

Mr. DAINES. Mr. President, yesterday I joined Senators GARDNER and MORAN on a factfinding mission to Guantanamo Bay. Guantanamo Bay was a humble reminder of the services our military provides overseas to get these terrorists off the battlefield and ensure they don't end up in Americans' backyards.

President Obama has signed multiple pieces of legislation into law that explicitly prohibit the transfer of enemy combatants from Guantanamo Bay to our shores. Most recently, the 2016 National Defense Authorization Act signed by the President specifically prohibited funds to be utilized to transfer detainees from Guantanamo Bay to the United States.

Among those being held are detainees such as Khalid Shaikh Mohammed, who is the principal architect of the September 11, 2001, attacks in New York City, according to the ''9/11 Commission Report.'' Khalid Shaikh Mohammed is just part of the 9/11 five who are currently detained in Guantanamo Bay who allegedly masterminded and facilitated the 9/11 terror attacks on our country. In fact, other prisoners include Osama Bin Laden's bodyguard, who fought U.S. forces in Afghanistan.

We need to do the right thing for our country and keep them locked up in Guantanamo and not help President Obama fulfill a campaign promise and bring these terrorists to our communities.

I am exceedingly proud of our men and our women serving at Guantanamo Bay. They are impressive, they are professional, and I am honored to represent their interests in the U.S. Senate. I will continue working tirelessly to prohibit the transfer of these detainees to America.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I will continue my remarks.

We were discussing the forums that the Presiding Officer, Senator AYOTTE, Senator KLOBUCHAR, and I organized. Out of that developed a national working group of stakeholders from the public health community, from behavioral health folks, prevention, treatment, recovery, and law enforcement. The forums informed us and the working groups supported us as we worked to draft legislation that would promote effective, evidence-based policies and increase collaboration among what are too often siloed areas of activity and expertise.

The bill we developed would do a great number of things. They fall into four major categories:

First, it would expand prevention and educational efforts—particularly aimed at teens, parents, and other caretakers, and elderly folks, aging populations—to prevent the abuse of opioids and heroin and to promote treatment and recovery.

Second, it would expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses and save lives.

Third, it would expand the resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.

Fourth, it would strengthen prescription drug monitoring programs to help States monitor and track the diversion of prescribed drugs out of the proper and legitimate market and to help at-risk individuals get access to the services they need.

It does a number of other things, but I will not summarize them all now.

The Comprehensive Addiction and Recovery Act recognizes what we have learned from science and from experience, and it promotes those practices that we know work best to confront the multiple facets of this new epidemic. It sends the message that we in Congress understand that addiction is a disease, a public health crisis that requires more than the enactment of stiffer criminal penalties. We tried that road. We know it was not a success.

The bill we worked on and prepared has been endorsed by over 130 community and national organizations on the frontlines of this epidemic, including the National Council on Behavioral Health, Community Anti-Drug Coalitions of America, the Hazelden Betty Ford Foundation, the National District Attorneys Association, the National Association of Attorneys General, major county sheriffs, the American Correctional Association, and many others.

Here in the Senate, at the last count, we had 38 cosponsors and myself. I am sure that number is climbing.

As committed as I am to the principles in this legislation and to the need to encourage and support these policies, I recognize that this bill alone is not enough. Without adequate resources to fund the programs in the Comprehensive Addiction and Recovery Act, CARA, they will remain out of reach to too many of the individuals, communities, and first responders who most need them. Without adequate resources for prevention, treatment, and recovery, we will continue to spend billions of dollars elsewhere in economic and societal costs that would be avoidable if we got this right. Without adequate resources, too many people who desperately want to turn their lives around will be told to wait another day. Anybody who knows about addiction recovery knows what the consequences can be of being told to wait another day.

Senator SHAHEEN of New Hampshire has proposed an amendment which provides emergency appropriations to address this crisis. I am a cosponsor of that amendment because I agree with her that the opioid epidemic is an emergency, a public health emergency, and should be treated as one. Building on the strong commitment Congress made to funding addiction and recovery programs in the fiscal year 2016 omnibus, Senator SHAHEEN's bill would appropriate an additional $600 million to the Department of Justice, to SAMHSA, and the CDC, much of it going to programs authorized in CARA, the Comprehensive Reduction Recovery Act, or complementary to CARA's goals.

This would not be the first time the Congress has authorized emergency spending in response to a public health emergency. When the swine flu epidemic hit, and I believe took 11,000 lives, Congress appropriated $2 billion on an emergency basis with broad support on both sides of the aisle. Here, in the latest year for which we have the data, the body count is 47,000 deaths. We lost 11,000 lives to swine flu and 47,000 lives in 1 year to the opioid epidemic.

I hope my colleagues on both sides of the aisle will join me and Senator SHAHEEN and vote, not only to support the Comprehensive Addiction and Recovery Act but to also provide added resources to make those principles a reality in the lives of the people who are counting on us to come to their aid. Addiction is a tough illness and recovery from it is a hard but noble path. Men and women who walk that path deserve our support, encouragement, and admiration.

I thank my fellow sponsors, Senator PORTMAN, Senator KLOBUCHAR, and Senator AYOTTE, for their partnership over the past 2 years as we prepared this legislation. I thank Chairman GRASSLEY and my ranking member Senator LEAHY for their commitment to tackling this epidemic and for bringing this bill out of the Judiciary Committee without opposition and now to the floor where we hope we can bring it across the finish line.

Let me say that I anticipate we are going to have a disagreement about the funding of this bill. I will fight as hard as I can to make sure this bill is adequately funded, but I do not intend, nor do I know anyone who intends, to block the passage of CARA or to interfere with it going into law over the question of funding.

People will have to check in with their own consciences, check in with the desires of the addiction and recovery communities in their home States, and check in with their constituents as to the right way to vote on giving this adequate funding.

Finally, let me close by thanking the advocates, providers, police officers, rescue personnel, and of course the families who support and help the people in recovery through the tough nights and days. They do the hard work of saving lives every single day, and we would do well to honor them by passing this bill and seeing to it that it has adequate funding support.

I yield the floor to the Senator from Virginia.

The PRESIDING OFFICER (Mr. FLAKE). The Senator from Virginia.

Mr. WARNER. Mr. President, I have an inquiry. I believe there will be a series of speakers coming to the floor to address the issue of digital security. I don't know if my colleague, the Senator from Ohio, has a long statement.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I ask if my colleague would defer to me for just 2 minutes so I may address the CARA bill that Senator WHITEHOUSE has been talking about, and then I will yield to the Senator from Virginia.

First, I wish to thank Senator WHITEHOUSE for his partnership. As he said, we have been working on this issue for the last few years to ensure that we have a comprehensive approach to this horrible issue of drug addiction and specifically the increasing threat of addiction to prescription drugs and heroin which we see in all of our communities. It is the No. 1 cause of death in my home State of Ohio, and we have been told it is the No. 1 cause of accidental death in the country. It is far worse than that. It is tearing apart families and communities, and we need to address it.

I will say two things. One, this is not just a bill about principles, this is a bill about policy, and Senator WHITEHOUSE and I are supporting new policies to approach this issue more effectively, as to prevention and education, as to treatment and recovery, as to dealing with the unfortunate situation of too many overdoses of naloxone, as to training, as to getting prescription drug monitoring programs in place, as to helping these addicted babies and mothers who are pregnant and have an addiction. There are very specific policy changes here that direct the increase in appropriations which is provided for in the current fiscal year, for the next 7, 8 months. That funding will be there for this legislation.

If we were to pass this bill tomorrow and get it enacted into law, that funding would be there not just in principle but in specific ways to spend that money more effectively. I wanted to make that point clear.

Second, I do support additional resources, as does Senator WHITEHOUSE. I believe this is such a crisis that it requires resources over and above what we even provided in CARA. We have to get CARA done, and I agree with Senator WHITEHOUSE on that. This is priority No. 1 not just for us but for the 130 groups around the country that are the experts in prevention, education, treatment, and recovery. They have come together and given us their best counsel; that is, that this legislation will actually help to begin to reverse this terrible trend of addiction.

I am hopeful we can have a full debate on this legislation. I understand Senator SHAHEEN is going to offer an amendment. I have seen the revised version of her amendment, and I believe I will be able to support her amendment. I have just started to look it over, but I like it because it does provide additional funding. The funding is in addition to the funding we know will already be in there for CARA. It would be emergency funding. It is not usual for me to support funding that is not paid for through other offsets, but I believe we are in such a crisis in this country, including my State, that I will be able to support that. However, as Senator WHITEHOUSE said, we have to pass the underlying bill. I appreciate my colleague's commitment on that, and I appreciate the commitment of so many other great groups around the country that have supported us and said: Let's not get off track here. Let's get this legislation passed.

We have companion legislation in the House. It is bipartisan and identical to the legislation Senator WHITEHOUSE and I introduced. We worked together with the House on this legislation. This is bipartisan. They have over 88 cosponsors, Republicans and Democrats. We have very good signals from the White House that shows they are interested in working with us. Therefore, this can actually get done.

It is not just about funding for this year. Obviously, this would be a change in the way we spend money. It is an authorization to change it next year and the year after that and the year after that. In my experience that is what needs to be done.

I was the author of the Drug-Free Communities Act in the House for almost the past two decades. There has now been $1.3 billion under the auspices of the Drug-Free Communities Act that directs and targets that funding to what we know is effective prevention. Our legislation takes that to the next step with regard to heroin and prescription drugs and will help those communities that are particularly impacted.

I thank my colleague from Rhode Island. I also thank my colleague from Virginia for his indulgence. I am sorry to interrupt his colloquy with our colleagues.

I yield my time.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, first of all, I thank both of my colleagues for their very important work on the issue before the Senate today. I, like them, have a State where both opioid and heroin abuse is taking too many lives and destroying too many families. I look forward to successfully moving forward on this legislation.

DIGITAL SECURITY

Mr. President, I rise to join several of my colleagues in a conversation on digital security. Since last year, I have been working with the chairman of the

House Homeland Security Committee, Texas Republican MICHAEL MCCAUL, to set up a Commission of experts to study digital security and issues around encryption. These issues have been somewhat in the news, and we have seen court cases in both California and New York.

I say to my colleagues that this is one component the Commission is trying to address. We are at the beginning of a debate that is even broader than the current cases being litigated in California and New York, which will encompass the whole world with digital security. If you think the issues we face now are challenging, as our country and the world move more toward the Internet, such as having your refrigerator respond to your voice, this issue around digital security is only going to grow.

I have a background with the technology community and Chairman MCCAUL has a background with the law enforcement community. Unfortunately, over the last few months, we have seen folks from the tech community, the law enforcement community, and the privacy community talk past each other too often. We have seen this issue addressed without a common set of facts. We have now seen situations arise that have basically pitted law enforcement against technology. We think the approach we are taking—bipartisan legislation that was introduced on Monday—is the appropriate way to go.

I am joined by my partner in the Senate, Senator GARDNER. We have Senator COLLINS, Senator BENNET, and my good friend Senator KING.

Mr. President, regardless of where people fall in this debate, digital security tools are terribly important. Encryption is essential to protecting our personal information, our financial information, our intellectual capital, and our national security, and this is one issue in which the heads of law enforcement and the heads of the intelligence community as recently as 2 weeks ago—Senator KING and Senator COLLINS, who are on the Intelligence Committee—have said that encryption is here to stay and is extraordinarily important.

We have seen challenges around this technological innovation come very quickly. Think about this: Nearly 2,000 new applications are submitted to the App Store every day. That is how quickly this world is changing. The majority of these new applications that are added to that App Store are actually produced overseas. Two-thirds of these new apps use some level of encryption.

I follow this from a policy standpoint but also my personal background in the telecommunication industry for over 20 years. I can say that the networks we deal with today in terms of the Internet, the cloud, are infinitely more complicated than the distributed top-down network that existed in the 1990s when the Congress most recently addressed some of these issues. The Internet today is no longer top down. The fundamental architecture of the Internet is decentralized and resilient. We have seen on countless occasions in the past that telecom traffic shifts quickly from one area to another, and attempts by any government to channel that traffic in a certain way in fact often results in shifts that make it harder for government, law enforcement, and intelligence to stay abreast of the activity.

Obviously, Mr. President, many of these issues have been public since Edward Snowden's disclosure 3 years ago. I think that disclosure did great harm to our country. We have seen more recently, in the press, this debate crystallize after terrorist events and court activities in both California and New York.

What we are doing—these Members in the Senate and Members in the House—in a bipartisan way is saying: Let's sit down together and work through a common set of facts, a common collaborative approach, so that before more time elapses and positions harden any further, we bring something together now to sort through these complicated issues.

We all need to be working, as I said before, from the same set of facts. We need a framework for collaborative conversation. Too often I have heard from law enforcement and tech in recent months that we need to get into a room and try to sort these things through. Unfortunately, a static, American-only solution won't get us solving the problem. I believe it will simply drive the bad guys, the criminals and terrorists—at least the smart ones, anyway—off of American technology, away from American platforms, and move more and more criminals and terrorists to foreign-based hardware and software and at the end of the day actually make the safety and security of the United States far more out of reach.

I know at the outset some of my colleagues here questioned whether a commission is the right way, done too often. Congress has used commissions in the past to punt the solution. The model we have taken, working with great assistance from Senator COLLINS, is the 9/11 Commission.

In the event of a national tragedy, a congressionally mandated Commission came together on a series of policy recommendations, the overwhelming majority of which were implemented by the Congress. That is why the 16-member Commission, modelled after the 9/11 Commission, has been endorsed by a wide range of stakeholders, from the tech sector, to respected academic and legal experts and distinguished national security figures. As a matter of fact—and this doesn't happen that often—our Commission proposal has even been endorsed by the editorial boards of both the Wall Street Journal and the Washington Post. These validators agree with us: A bipartisan, bicameral Digital Security Commission is a productive path forward.

All these issues are not easy. What is great about America is that we are a country of innovators and of problem-solvers. I know that if we stop talking past each other and put the right people in a room, we can find the right solutions that protect us all, and then Congress can act.

Mr. President, I know we are going to hear from a number of my colleagues. I would like to now yield the floor to my friend and colleague on this issue, the Senator from Colorado, Mr. GARDNER.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. GARDNER. Thank you, Mr. President.

I thank my colleague from Virginia for his work on this and his history in the telecom business and his understanding of the complicated issues set before us. There are no simple answers. There is no black-and-white way to proceed here. There is no yes or no that we can reach because of the complicated set of factors before us when it comes to balancing our security needs and balancing our privacy needs at the same time.

In fact, I am reminded of when I was in the State legislature and legislation we worked on several years ago. We were trying to figure out what to do when it came to criminal acts over the Internet. At the time this bill passed, most people were using BlackBerrys. I don't know if the iPhone had been invented yet. They described in the statute that the legislature was working on—it was dealing with the issue of Internet luring of a child, and when they wrote the language, they used technical language. And when presented with a case under the statute trying to charge somebody with Internet luring of a child, a judge actually said: Well, since the defendant, the perpetrator, was using a BlackBerry—we don't define the BlackBerry as a computer; therefore, this offense of Internet luring of a child won't apply in this particular case. That was because at the time, the legislature tried to describe in very definite terms a black-and-white answer to technology that had evolved or that everybody thought would be understood that this is a computer or this is the Internet. A judge said: No, that is not the case. So we had to address that issue in later years to try to overcome and understand the technology in ways that allow technology to evolve, that allow new technologies to emerge, but also make sure we are passing laws to provide protection to victims of crimes—in this case, an innocent child.

So when we are dealing with this issue of privacy and security and encryption, Congress ought to be the first body to admit there is no single person in here who can say: I have every answer. I have every solution. Choose me. Choose my bill. This is the way forward.

I applaud my colleague, Senator WARNER from Virginia, for the work he

is doing, along with Senator COLLINS, myself, and Chairman MCCAUL in the House of Representatives, to try to find that solution to a very nuanced issue. This challenge with encryption that we face today is significant.

Encryption, as we know, is a technology designed to prevent unauthorized access to data and information. It is a code or series of codes put in place to put a lock on valuable things and trivial things alike, as the case may be when it comes to encryption. No matter how you describe what it is or what it is protecting, there is no doubt that it has been an enabler of global commerce in an increasingly interconnected age. It is that blanket that keeps our credit card numbers safe and our bank account numbers safe. It is the underpinning of financial success for businesses such as eBay, Amazon, iTunes, and more. But it can also be used, as we have seen, perhaps to cover bad actors, to cover their actions, creating a safe harbor sometimes for people who don't deserve to have a safe harbor. It can be an impenetrable cage around crimes, a powerful tool that is used to thwart law enforcement and lawful investigations, a blockade that is too difficult to penetrate for law enforcement.

So this bill that you have put forward, this Digital Commission that will be comprised of experts around the country on issues of privacy, on security, on encryption, to try to find the right balance between what is it that we need in this country to protect our national security, to find bad actors who are trying to hide bad things with innocent technologies—this is to craft policies in an open manner that we can then turn to and look at to make sure we are protecting privacy, protecting encryption, that we are not offshoring the problem, allowing others to hide by technology made offshore, but that we have a solution here in Congress that takes into account evolving encryption techniques and technologies, respecting people's privacy rights as well. While there is a darker side to some users of innovations we have unleashed, we have great benefits from the innovations we have created that have enhanced our way of life and our quality of life.

So to Senator WARNER, my colleagues in the Senate, and the Chair, I would congratulate the Senator on his good work and the work so many of us have done to try to find this balance of security, privacy, and to make sure we are giving no quarter to people who wish to do this Nation harm.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, he stated that correctly. This is not an either/or circumstance. We have to protect Americans' privacy. We have to make sure we protect Americans' lives and liberty from criminals and terrorists. We also need to ensure that we continue to promote American innovation. And I believe there is a way through this, and I appreciate his good work as we move forward on this important piece of legislation.

Let me ask someone who has seen this process work before, a longtime member of the Senate Intelligence Committee and the Homeland Security Committee who helped shape this legislation, my friend and colleague from Maine.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Thank you, Mr. President.

Mr. President, I rise today as a cosponsor of the Digital Security Commission Act, a bill that will establish a national bipartisan commission to examine digital security and privacy and the ''going dark'' problem that poses a real challenge for those responsible for our national security and for protecting the American public.

Let me commend the primary author of this bill, the Senator from Virginia, Mr. WARNER, for his expertise in putting together not only a well-balanced commission but also a broad array of cosponsors in support of this important legislation.

Senior administration officials—the FBI Director first among them—have been vocal in articulating the problem of terrorists and criminals going dark, with the result that our intelligence agencies and our law enforcement are going blind. Director Comey has testified repeatedly to the fact that there are terrorists who are using encrypted communications to plot attacks against our people, and we know that international criminal cartels are doing so as well.

There are many competing and difficult concerns that need to be worked out as we address this complex issue. Under our bill, a national and diverse commission will perform its review and then make recommendations that will protect the privacy rights of law-abiding individuals in an era in which terrorists and criminals increasingly use encrypted devices. The Digital Security Commission will have the opportunity to make a valuable contribution to this debate, and that is the opportunity our legislation creates.

The laws of the United States, unfortunately, have not kept pace with technology, which has obviously rapidly evolved during the past three decades. As a result, the issues of going dark and preserving personal privacy are ones that we simply must grapple with today and for the future. To resolve what often are competing concerns will undoubtedly require a new law.

Let me be clear that I personally don't believe that the absence of a new law in any way exempts a company or an individual from complying with a court order issued by a Federal judge. In the San Bernardino terrorism case, Apple has been ordered by a Federal judge to provide technical assistance to help the FBI access data on a cell phone that was used by one of the terrorists involved in killing 14 people and injuring 22 others.

Here is an important fact that has been overlooked in many of the reports on this crime. Given that this phone was owned by the county, which has given its permission for the data to be retrieved—and I bet that is a critical point here—and that the court order is narrowly tailored, I believe Apple should reconsider its position as it relates to this particular case.

In the long run, however, it is clear that we need a new law and a dialogue among the administration, Congress, Federal and State law enforcement, and the tech community in order to deal with this issue.

It is appalling to me that there have been no legislative proposals submitted by the White House or any other Federal agency to guide us on this issue. At a time when the administration has been notably absent in the offering of a legislative proposal to address these important and complex issues, the practical solutions that I believe would come from the Digital Security Commission would be most welcome by the Congress and would help us and guide us as we draft a new law.

To be sure, these are difficult issues to resolve. And I believe that if you surveyed the cosponsors of this bill, you would find all sorts of different views on the cases that are before us. Indeed, the courts have reached different opinions. While I do not expect that the Commissioners will see eye to eye on every recommendation, we can have confidence that the final report will reflect the consensus judgment of a supermajority of the Commissioners who are selected in equal numbers by Republicans and Democrats. The final report must be supported by at least three-quarters of the Commission to ensure that no recommendation represents the view of just a few stakeholders. When we had the 9/11 Commission's recommendations, one reason they were so powerful in enabling us to revamp the intelligence community was their unanimity.

Again, let me thank Senator WARNER for his leadership. I look forward to working with him and with my other colleagues, including the Senator from Maine, ANGUS KING, to make sure that we get this issue right for the challenges we face now and in the decades to come.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, I thank Senator COLLINS from Maine for her comments today and for her good work on the Intelligence Committee and for her good work on the Homeland Security Committee and the fact that she has thought through these issues in a different framework—when our country was attacked—after 9/11. I would simply add that if some in Congress or elsewhere had come through with this kind of collaboration a few years back, we might not now be having two cases—one in New York and one in California—where, at least it appears

at first blush, the courts are coming at it from very different directions.

Let me reemphasize that in America the only solution here could simply drive criminals and terrorists to foreign-based technology, hardware, and software. In many ways, to get this right, if we are going to prevent a balkanization of the Internet, which is not in America's interests and not in most countries' interests, we need to at least think through this from an international perspective.

Let us hear now from a former Governor, like myself, and a great member of the Intelligence Committee. I thank him for joining in this effort. As Senator COLLINS said, we have a broad breadth of ideological viewpoints from these eight bipartisan original sponsors here in the Senate, and I think more will be joining us.

I would simply add that on a day where a lot of the Nation's focus is on Super Tuesday and on some of the activities that are taking place in the Presidential debates, it is great to see such responsible Members from both parties step forward in a bipartisan way to address a very serious issue, both today and in the future, for our country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, when I first entered this body in the winter of 2013, I was appointed to the Intelligence Committee. Every Tuesday and Thursday, we would meet for several hours talking about very difficult, very complex, and sometimes very scary issues.

After sitting through those meetings for several months, it suddenly came to me what our mission in that committee is. It really comes down to balancing two provisions of the Constitution. The Preamble to the Constitution, which establishes the basic premise for why we have a government and why the Constitution was established, uses two important phrases in conjunction with each other. The first is ''to ensure domestic Tranquility'' and the second is ''to provide for the common defence.'' There are other elements listed, but that is part of the essence of any government: to ensure domestic tranquility and provide for the common defense; in other words, to keep us safe. That is what government is all about.

But on the other hand, the Bill of Rights, and particularly the Fourth Amendment, makes it clear that there are limitations on government's power in whatever area. The Fourth Amendment says that ''the right of the people to be secure in their persons, houses, papers, and effects shall not be violated'' and also: no unreasonable searches and seizures. Those two provisions are intentional, and they have been since the founding of the Republic. The role of the Intelligence Committee and this body, it seems to me, is to constantly recalibrate the balance between those two provisions based upon the threats our country faces and the developments of technology. That is really what this discussion is about. It has been brought into sharp focus in the last two weeks by the case involving Apple and San Bernardino, as well as other cases around the country.

The Apple case points out the complexity and the difficulty of these issues. It is not simple. It is easy to say it was a terrorist's phone; open it up and get the information. But then we learn that, No. 1, Apple is not being asked to simply throw a switch or plug in a wire. It is being asked to write new software that would compromise its own software protections built into its iPhones all over the world. So it is being asked to create something, not simply open the doors. No. 2, although there has been some discussion about it as ''just this phone,'' it is not just this phone. Apple is being asked to create a new piece of software that compromises its operating system in such a way that the phone can be hacked. Once that piece of software is created, there is no telling where it will go. It is referred to in the tech literature as the ''golden key'' or the ''God key.'' Sure, Apple could keep it, but it might—who knows, a disgruntled employee could let it out. Apple itself could be hacked. It could fall into the hands of our intelligence community. It could then be made public. Once it is out there, we can't undo it.

What I mean by raising these issues is not that I know what the answers are, but that it is very complicated. And what if Apple creates the key for the San Bernardino phone but it ends up in the hands of China or Russia or Iran or a criminal enterprise, then we have compromised the security of millions of our citizens, and perhaps of our country itself.

The real point here is this is an issue of immense significance and public policy importance that should not be decided by a single court in California or Iowa or New Jersey or anywhere else based upon a 220-year-old law. This is an issue of policy that should be decided here. Indeed, in the district court opinion that was written yesterday in New York, that was released yesterday—I stayed up late last night reading it—the heart of that opinion was: This is a job for Congress. This is a policy question. The judge said the people who wrote the All Writs Act in 1789, the Judiciary Act of 1789, many of them were the same people who wrote the Constitution and the Bill of Rights. He said he could not believe they meant to import to the judiciary the power to make this kind of policy. That was the fundamental promise of the opinion. I commend that opinion to my colleagues. I have been reading judicial opinions for about 50 years. It is one of the best I have ever read in terms of the research and the footnoting. It is a very, very strong argument, and it makes the case I think very straightforwardly that this decision should not stay in the hands of the court. The real issue here is who shall decide this complex and portentous issue.

Now, generally, I don't like commission bills. Typically, they are often the politicians' way of putting the problem off to someone else in the future and we will deal with it later and we will appoint a blue-ribbon commission. But I have seen them work. The Senator from Maine mentioned the September 11 Commission that I think did excellent work and provided the basis for a great deal of good policy. In Maine we had a commission years ago on workers' comp, which was a very difficult issue in our State, but the commission helped us to get a political solution that ultimately helped to solve that problem. I have seen commissions work, and I think this is exactly the right answer in this particular situation, because the issue is so complicated and because it involves technology, it involves law, it involves the First Amendment, the Fourth Amendment, the Fifth Amendment, and it involves national security. These are important considerations, and we have to understand the ramifications of these issues before taking action.

Now, we may want to and need to address the specific issues raised in the current Apple case on an interim basis. We may decide not to do that, but that is an option whereby we don't necessarily have to wait until the commission acts because the commission is talking about larger issues. Yes, it is talking about the encryption issue, or would talk about the encryption issue, but it is also dealing with broader issues of digital security. So we may want to make an interim decision while we wait for the work of the commission.

I think the important point is that the question before the Senate is, Where should this decision be made? I would join my colleague from Maine by saying that this problem—this so-called going dark—the encryption problem and its constraints upon law enforcement are not new this week. We have been hearing about it in the Intelligence Committee and in the Armed Services Committee and generally in the press for 1 year or 2 years, and I believe the law enforcement community or the administration should have come forward with a legislative proposal for us to act upon. Of course, I am not absolving myself. We could have brought forth our own proposal. But it was their continuing to raise this issue, and I think it was incumbent upon them to say: Here is how I think it should be solved.

Now, I know if Mr. Comey were here he would say: Well, we hoped we wouldn't have to bother you about this because we were trying to work this out with the technology companies. I understand that. But I wish, frankly, that we had put forth this bill 1 year ago or 2 years ago, and then we would be in the position of answering this question today instead of starting

down the path of handing this question to a commission that we hope will provide some answers and guidance to us that will help us to make policy.

I am delighted to be a cosponsor of this bill. I commend the Senator from Virginia for spearheading this effort. I think it is one that deserves quick attention here, and it is something that we can move so we can get to work on trying to understand all the ramifications of this decision. We don't want to compromise national security, but we also don't want to compromise personal security. And we don't want to create something that could redound against national security if it fell into the hands of some of our adversaries.

So I am delighted to be able to help with this effort. I look forward to working with the sponsor and the other cosponsors. Hopefully, this is something we can move on with alacrity so that we can bring this issue back to this Congress sooner rather than later. We will never answer the questions finally because by the time we get some answers, there will be new developments in technology and new questions. But we at least need to bring this debate into the 21st century and try to find a solution that will make sense, both in terms of national security and personal security for the citizens of this country.

Thank you, Mr. President.

I thank the Senator from Virginia as well.

I yield the floor.

The PRESIDING OFFICER. The Senator from California.

FILLING THE SUPREME COURT VACANCY

Mrs. BOXER. Mr. President, this is a great country. Regardless of what some people say, this is a great country, and the reason it is great is that people work. They get up and they produce for this country. They give their talents. They get paid. They help their families. Their kids get educated. We have that ethic of doing our job.

That is why it is so shocking to me that the Republicans who are in charge of this Senate refuse to do their job. They said that no matter who the President nominates, they are not even going to hold a hearing on that person. They say they want a Presidential election. Well, they had two, and their guys lost. I know it is not a happy experience. Believe me, I have lived through it. I have served with Republican Presidents and Democratic Presidents. But the world doesn't stop because you are not happy with who is President. The Constitution tells us what we have to do. Here is what article II, section 2, clause 2 says. And I know everyone here swears to uphold this Constitution. I would argue that when my Republican friends state that they are not going to do their job, they are not going to hold even a hearing on whomever the President nominates for the Supreme Court, which is now short one member, they are defying the Constitution. Maybe they will be sued by someone—an aggrieved party. The people of this country are aggrieved by this attitude.

Let's read article II, section 2, clause 2, for anyone who cares about the Constitution, and everybody says they do. It says the President ''shall nominate, and by and with the Advice and Consent of the Senate, shall appoint Ambassadors, other public Ministers and Consuls, [and] Judges of the supreme Court.''

It doesn't say the President does it alone; it doesn't say the Senate does it alone; it says they do it together. That is article II, section 2, clause 2. This Senator advises her colleagues to read it, and if you don't follow it, you are not doing your job. We want them to do their job.

Now, who else says that it is important? I will tell you—some very incredibly respected people. This quote is from Ronald Reagan, one of the heroes of the Republican Party. I served when he was President, and he said: ''Every day that passes with a Supreme Court below full strength impairs the people's business in that crucially important body.''

That is Ronald Reagan.

Let's look at Sandra Day O'Connor, the first woman appointed to the Supreme Court, a Republican who is very beloved. What a wonderful woman. She made history because Ronald Reagan appointed her and we confirmed her. She said, ''I think we need somebody there''—meaning in the Court—''to do the job now, and let's get on with it.'' This is Sandra Day O'Connor.

So, my Republican friends, you have two extraordinary Republicans whom you love telling you to do your job.

It doesn't say in article II, section 2, clause 2: But you don't have to do your job if you don't like the President. It doesn't say that. It just lays it out pretty straightforwardly. This is article II, section 2, clause 2. It doesn't say: Don't do this if you don't like the President. It doesn't say: Don't do this in an election year.

As a matter of fact, we voted in an election year. Anthony Kennedy was nominated by Ronald Reagan with a Democratic Congress. And we voted in an election year. Do you think we wouldn't have been happier to wait and see if we were able to get that Presidency back as Democrats? No, we did what Ronald Reagan asked us to do. We acted responsibly, and we found Anthony Kennedy to be very qualified. He sits on the Court to this day, having been voted on in an election year.

It has happened 14 times in our history. The only time we had a problem was back in the Civil War, when our country was obviously under tremendous stress. Today, we are one Nation under God, and we should pull together on this.

There are some other things I wanted to read to you. This is what Michael Gerhardt, professor of law at the University of North Carolina, said about the Republican plan not to move on this vacancy:

> Refusing to hold a hearing on a Supreme Court nomination or refusing to take any action on a nomination before it has been made is simply unprecedented in our history. The refusal is not grounded in the Constitution. It is a willful abdication of authority. The Constitution does not seek to have effect at certain times of the year or the session.

One never knows when something horrible is going to happen. When this happened to Justice Scalia, this was a shock to his family, to the country. Regardless of whether you agreed with him or not, it was a shock. Nothing in the Constitution says if you are shocked about something that happens, you don't have to work with the President. It doesn't say that. Don't make it up, especially because this is the party that keeps saying they want a strict construction of it. If you want to construe the Constitution in a strict way, you need to act.

There is Jamal Greene, professor of law at Columbia. He says: ''The Senate has a constitutional duty to give due consideration to anyone nominated by the President to fill a Supreme Court vacancy.''

He goes on: ''In the modern history of the Nation, there is no precedent for the Senate deliberately refusing to vote on a nominee to a vacant Supreme Court seat, whether during an election year or at any other time.''

We have our differences here; we really do. People say: Senator, is that why you are not running again, because it is so hard to do things? No. I love it here. This is just my time to move on and do other things and have somebody else come in. I love it here. I love my colleagues. I have friends on both sides of the aisle and I get things done and so do they. You would think that we would agree on the meaning of the Constitution—it is simple—and that we wouldn't be arguing about it.

I am a little stunned at this failure to step up and do their job. I will tell you this. If you are an average American and you have a job and you call your boss and say: ''Hi, Boss. It is Monday morning, and I just don't feel like coming to work.''

″Are you sick?''

″No.''

″Do you have a problem with your family?''

″No.''

″Well, what should we do?''

″Well, I am not in the mood. I want to wait.''

You would be fired. You would be fired.

I am going to be here for the remainder of this year. I want to do my job. I want to do my due diligence. I want to have a chance to work with my colleagues on both sides of the aisle here on this issue.

Today at the White House, Senator MCCONNELL and Senator GRASSLEY reportedly told President Obama that they don't want to do their job. They don't want to do it. They don't care who he sends up. It is unreal. It is unbelievable. They want an election.

We had an election. President Obama didn't get elected for 3 years; he got

elected for 4 years. The next President, whatever party, is going to be there for 4 years until the next election. This person has to do their job for 4 years, and we have to do our job. They don't want to hold a vote, they don't want to hold a hearing, and many of them say they will not even meet with the nominee.

It is our job to be involved in this election. This election of the next Justice is such an important job. The Supreme Court has a job to do. This incredible attitude by my Republican colleagues means that the Supreme Court cannot really function the way it is meant to function. It is going to be divided 4 to 4. That is unfair to the people of this country. Whatever side they are on, this decision needs to be made. As Ronald Reagan said: ''Every day that passes with the Supreme Court below full strength impairs the people's business in that crucially important body.''

Here is one of the heroes of the Republicans saying that every day that passes with the Supreme Court below full strength, the people's business is, in fact, impaired.

Here is what that states. This isn't an argument that is happening in a vacuum in some fancy boardroom of some law firm, conservative or liberal. It is a serious argument that impacts the people. Every year the Court considers cases with profound consequences for our constituents. Again, it doesn't matter what your position is. We need a fully functioning Court.

I want to give an example, and I see my friend from the State of Washington. The Supreme Court is going to hear oral arguments in Whole Woman's Health v. Hellerstedt, the most important women's health case in a generation. The case is about the unprecedented attacks we are seeing on women's health in Texas—which is what this case is about—but also across the Nation. This case is about extreme politicians and extreme groups trying to overturn 43 years of settled law.

The settled law is very simple. Women have a right to have reproductive health care. It is as simple as that. When a series of clinics throughout the State are shut down and women have to travel hours and hours and hours and maybe even days to get health care, they effectively don't have it. That is what has been happening in Texas. That is why this case is so important. There is a Texas law, HB2, that was designed to close health clinics that provide a full range of reproductive health care services, including annual exams, pap smears, STD tests, birth control, and, yes, safe and legal abortions—the full panoply of services for a woman. This law in Texas singles out women's health providers with burdensome requirements that have already forced more than half of the clinics in Texas to close.

I don't know who gets happy about that, but I don't get happy about that, and nobody who cares about a woman should get happy about that. It is a total outrage. Women are taking matters into their own hands because they have no access to doctors. The goal of this law—and it is working—is to shut down these clinics and deny to women these rights that they have earned. It would reduce the number of providers in practice from 40 to 10. If you are just unfortunate enough to live in an area where your clinic is shut down, Lord knows what you do. You may be a single mother, you may be part of a couple where you both work, you may have children, and you may not be able to take days to find health care.

The law is forcing women to travel for hours and some even to other States. Women who live in remote or rural areas may have to stay overnight or for multiple days to avoid making more than one trip. Think about the cost to families who may not be able to do it, who are just getting by. Many women simply can't afford to take off work, drive for hundreds of miles, or get on a plane every time they need health care.

They want to do their jobs. They want to be responsible. They step up to the plate every single day, but we can't do it here because politics is playing a part. People have decided they didn't like the fact that Barack Obama got elected twice. Well, too bad—he did, and it is your job to act.

I am sorry you don't like the President. Maybe you don't like the fact that he got us out of the worst recession since the Great Depression. Maybe you don't like the fact that he cut the deficit by two-thirds. Maybe you don't like the fact that he got us out of two wars. That is your choice, fine, but he has a right to nominate, and we have a responsibility to meet that nominee and to vote up or down on him or her.

These cases that are pending before the Court—and I am just highlighting this one, and I know Senator MURRAY will go into depth on it—these cases are critical. We need the full bench. I don't care how you feel about the issue. Maybe you support closing down clinics and going from 40 to 10, letting women suffer, taking matters into their own hands. If that is your position, I am sorry, it is not fair, but you have a right to your position—but the Court has a right to be at full strength.

I close with just a quote from a woman who has been hurt already by this Texas law which is going to be heard tomorrow in the Court.

Marni. Marni had to fly from Austin, TX, to Seattle when her appointment was cancelled the night before it was scheduled because the clinic was forced to immediately discontinue providing these services after the Texas law took effect. Marni said her first reaction was ''to feel like my rights were being taken away from me, to feel very disappointed that elected officials had the ability to make decisions about my and my fiance's life.''

That is Marni. The stakes could not be higher. This is just one of the cases.

Finally, the highest Court in our land should be fully functioning. The American people deserve nothing less. I am going to put up the Sandra Day O'Connor quote for the last time in this talk. She is a Republican woman, first woman to serve, and appointed by Ronald Reagan. She is looking at this Court. She knows what it is like to serve on the Court. She knows how hard the issues are. She understands how important it is. She is more important to this debate than anyone in the Senate, including yours truly. She knows. She didn't say: Wait until the next election to see if my party wins, no. She didn't say that. She said: ''I think we need somebody there now to do the job, and let's get on with it.''

I thank the Senator from Washington for her leadership on this issue.

The PRESIDING OFFICER. The Senator from Washington.

WHOLE WOMAN'S HEALTH V. HELLERSTEDT

Mrs. MURRAY. Mr. President, thank you to the Senator from California for her long advocacy on behalf of women across this country to be able to access the health care they choose.

Tomorrow the Supreme Court will hear oral arguments in the case of Whole Woman's Health v. Hellerstedt. At its core, this is a case about whether extreme rightwing politicians will be allowed to block women from exercising their constitutionally protected health care rights, rights that have been affirmed by the Supreme Court for more than four decades.

For women across the country, for our daughters, and for our granddaughters, there is truly a lot at stake. I have been so inspired to see women of all ages from across the country standing up now to share their stories and to make sure the Supreme Court knows why politicians should not be able to make women's health care decisions.

In fact, 113 lawyers submitted an amicus brief to the Supreme Court explaining the difference that constitutionally protected reproductive rights have made in their own lives. The stories they tell are incredibly powerful. One partner at a major law firm wrote that after three miscarriages, ''my husband and I were delighted when I again became pregnant in December 1999 and safely made it past the 'danger zone' of the first trimester, passing an amnio with flying colors. [But] five weeks later, when I was heading into the sixth month of my pregnancy, I returned to the doctor for a routine ultrasound and the doctor immediately detected a problem.''

Her baby had a rare heart defect, so severe that he was already in congestive heart failure and would be born only to suffer if he survived at all.

After talking with her doctors and her husband, they made the decision to terminate her pregnancy. She wrote:

> As a woman, a mother and a lawyer, I know I did the right thing. I have shared my story with my children, and hope that should my daughter ever find herself in a position similar to mine, she will enjoy the same rights that were available to me.

It should go without saying, but politicians have absolutely no place in such a deeply personal, extraordinarily difficult decision. Unfortunately, the Texas clinic shutdown law being challenged in Whole Woman's Health v. Hellerstedt—a law that has been driven by extreme rightwing politicians who want to undermine women's access to health care—would mean the exact opposite. This law and laws like the one that was allowed to stand in Louisiana just last week places burdens that health experts, such as the American College of Obstetricians and Gynecologists, say are medically unnecessary on clinics in order to shut them down and make it harder for women to exercise their constitutionally protected reproductive rights.

If the Supreme Court fails to block this law, three-quarters of the clinics that provide abortion services, as well as other health care in Texas, would be forced to close, leaving 5.4 million women in Texas with just 10 clinics statewide. Hundreds of thousands of Texas women would have to drive 300 miles round trip just to get care they need.

If that is not an undue burden, I don't know what is. A ruling upholding the Texas shutdown law wouldn't just impact women in Texas, it would make it easier nationwide for politicians to interfere with women's health care and block them from exercising their constitutional right. That would be the wrong direction for women. It would be the wrong direction for families and for our country as a whole.

That is why tomorrow women and men from all over the country will be outside the Supreme Court standing up for women's health, rights, and opportunity. I will be very proud to be right there with them because we are going to be sending a very clear message. A right means nothing without the ability to exercise that right.

I hope the Justices listen, realizing how much this ruling means to women's lives. Ultimately, I hope they will rule in favor of ensuring women's health and rights continue to progress, rather than going backward. I know our country will be stronger for it.

Mr. President, I express my appreciation to Senator WHITEHOUSE and all of our colleagues who have worked very hard to bring this bill before us on the floor, the Comprehensive Addiction and Recovery Act. It lays out key steps toward addressing the crisis of prescription drug abuse and heroin addiction, which is ruining and costing lives nationwide, including in my home State of Washington.

I hear about this epidemic from Washington State families and communities far too often. Parents ask me what we are doing in Congress to help families like theirs who are trying desperately to help their children who are struggling to escape addiction. I am told about mothers and fathers who developed opioid addictions after being prescribed pain medication, with devastating consequences for their families.

When I go to speak with local sheriffs and police chiefs, they say they are most often the ones responding to these crises and that our country needs to do better than allowing those struggling with addiction to cycle in and out of the criminal justice system. They tell me that heroin use is only becoming more widespread in our communities, especially amongst our young people.

Penny LeGate is a former news anchor from Seattle and she knows this all too well. Her daughter, Marah Williams, had a happy childhood, ballet lessons, softball, a close-knit family, but in middle school, as she began to struggle with ADHD, depression, and anxiety, she also started experimenting with drinking and drugs. For years her parents tried everything they could do. As Penny will tell you, Marah did too. She fought hard to break her addiction and to keep her life moving forward, but tragically, when Marah began using OxyContin and then heroin, the grip of addiction was just too much. Marah died of a heroin overdose in the basement of her family home when she was just 19 years old. This is a parent's worst nightmare. It is happening to parents across my State, across the country, and it has to stop.

I am pleased there is bipartisan momentum toward giving our communities the tools and resources they need to tackle this disease. The Comprehensive Addiction and Recovery Act, CARA, includes efforts to strengthening education, prevention, and treatment efforts around prescription drug abuse and heroin use. It will cut down on inappropriate use of pain medication that gets so many people addicted to opioids in the first place and would make it easier for people to safely dispose of pain medication so it doesn't get in the wrong hands. This legislation will also help police departments get access to naloxone, a drug that counteracts the effect of an overdose, which is something police chiefs I have spoken to make clear they need—and more.

The bill we are debating right now would be a good step in the right direction, but it can be even better. As many of my Democratic colleagues have made clear, a problem as serious and urgent as this epidemic deserves a serious, urgent response. So we should enact the policies in this bill and at the same time we should also make sure families and communities will see additional tools and resources as quickly as possible. That is why I strongly support the emergency investments proposed by the senior Senators from New Hampshire, West Virginia, the junior Senator from Massachusetts, and others. Their proposal will actually help our States and local governments, as well as families who are on the frontlines of this battle, by providing the resources to prevent opioid abuse and expand access to the treatment that so many families are seeking.

I am hopeful Republicans will work with us to move this alongside this important bill so families don't have to wait for Federal resources that this crisis desperately needs.

As I have laid out, the legislation we are debating today would go a long way toward tackling the epidemic of prescription drug abuse and heroin addiction, especially if it includes an emergency funding that can offer relief and support quickly, but given the strong belief on both sides of the aisle that far too many people are falling through the cracks in our mental health and substance abuse systems, I believe we can and should do more to build on this CARA legislation in the coming months.

We should pass this bill, but then I hope all of our colleagues will not just get up and walk away. We should build on this rare moment of bipartisan agreement, stay at the table, and keep working beyond this bill to strengthen mental health care and substance abuse treatment in our country.

So even while we are debating this very first step, I wish to lay out just a few of the goals that should guide us as we look past this, goals I believe that can be met if we work together and take this crisis seriously.

First, mental health is every bit as important as physical health, and we should make sure we work together to make sure they are both treated equally in our health care system; secondly, we should do more to break down the barriers that make it difficult to address patients' mental and physical health care needs at the same time; third, at a time when half of all U.S. counties lack access to a social worker, a psychologist or a psychiatrist, we need to strengthen our mental health care workforce so patients and families can get care when and where they need it, whether that is at a hospital or in their own community; fourth, we need to recognize that mental health care is important at every stage of life and ensure our system can address every patient's needs, whether that patient is a child or an adult; and, finally, continue taking steps to address the opioid abuse epidemic, I believe we can do more to expand access to medication-assisted treatment and offer our States more resources to respond to crisis situations, including by strengthening prescription drug monitoring programs.

My colleagues on the Judiciary Committee have worked very hard to improve prevention and treatment of opioid addiction, especially among individuals who pass through the criminal justice system. I believe we need to ensure these tools and resources are available to all Americans struggling with addiction and ensure that our health care system is equipped to address addiction as a disease.

I have been proud to work with the junior Senator from Connecticut and other members of the HELP Committee on both sides of the aisle, led by

Chairman ALEXANDER, the senior Senator from Tennessee, on a path toward meeting those goals. I am very hopeful we will be able to reach agreement on some additional steps that would make a difference for the many families and communities who are struggling to support loved ones in need.

Mr. President, it goes without saying that in this divided government we don't agree on much, but there is some important bipartisan agreement on the need to close the gaps in our mental health care system and tackle the crisis of opioid addiction. So I hope we can pass the legislation we are debating today, along with improvements that ensure it helps patients and families as quickly as possible, but we shouldn't stop there. We should seize this opportunity, work together, and continue making progress for the families and communities we serve.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I come to the floor to speak in favor of the Comprehensive Addiction and Recovery Act. Senator WHITEHOUSE and I have been working on this together for years, along with Senator PORTMAN and Senator AYOTTE, so this bill has been bipartisan from the beginning. I thank my colleagues, and I also thank Senator GRASSLEY and Senator LEAHY for their leadership in bringing this to the floor and all members of our committee, including the Presiding Officer, who have contributed to this bill.

Our Nation is facing a serious problem with drug addiction, and I am glad to join my colleagues today to talk about how we can tackle this problem and work toward a solution by passing this bipartisan bill. Just last week I was out in Montevideo, MN, and we gathered together some people from the town. It is a town of a couple thousand people. Our goal was to just talk about this problem. I was shocked that early in the morning on a Saturday we had 50 people there. We had every doctor in the town there, to my knowledge. We had the sheriff there, the police chief there.

At one point a regular citizen who was there, who had suffered from some diseases and had been in the hospital, actually emptied out her purse and tons of medications and opioids came rolling out onto the table that she hadn't used. It was an image I will not forget and an image I bring to the Senate floor to remind us there are too many of these drugs out in our communities.

I heard stories of young children who had dealers—people who were trying to get the opioids—actually saying to them: Hey, I will give you a beer if you will go to your parents' medical cabinets and look for these drugs, and they would write them down for them. The kids would then go, get the drugs, and bring them back.

There was a story of one doctor who was treating someone, thought he was pretty normal. He had back pain, and the doctor had given him some painkillers for years. Then, all of a sudden, one day the Secret Service shows up because this man had actually made a threat on the life of the President. He had an entire nightlife that was different than his day life, and it was completely dictated by the fact he was addicted to prescription drugs.

Four out of five heroin users get their start these days from prescription drugs. I don't think anyone would have ever imagined that. When I was growing up, when we saw heroin addicts on the corner or when I was a prosecutor for years, we never had those kinds of statistics. People got hooked on heroin because they got hooked on heroin. They started with heroin and they, sadly, would end with heroin. In this case, we have 80 percent of people becoming addicted because they have a surgery because they have back pain. They then get too much of the drug or no one figures out that getting hooked on the drug is worse than the pain they had in the first place, and they get hooked on the drug.

We also have stories of overdoses of people who are not even taking the drugs for periods of time. So we have a crisis in this country, and when I met with those people in Montevideo, it hit home to me that it can happen at any time.

We didn't pick this town because they were having a big crisis or because they had a number of deaths. We just happened to be in that area of the State and decided we wanted to focus on the issue.

Before I was elected to the Senate, I spent 8 years serving as chief prosecutor in Hennepin County, which includes Minneapolis. Drug cases made up about one-third of our caseload, which meant we handled everything from trafficking and selling to production and manufacturing. From this position, I had an opportunity to see firsthand the devastating impact of drug addiction.

Mr. President, I see my colleague from Indiana has arrived. I am managing the bill for this hour, and if he wants to speak, I can go back and finish my remarks later. I will just finish up while he is getting back to his desk.

I was talking about my time as county attorney. Many of those people who were affected by addiction that we saw were hooked on opioids, including both heroin and we saw the start of this prescription painkiller epidemic.

We would be sadly mistaken if we think drug abuse only happens in our cities or the metropolitan areas of our States. As I saw this weekend—when I met with some of our people—Beltrami County, MN, received three emergency calls for heroin overdoses in 1 day. One of those individuals passed away. So this is happening every day.

Mr. President, I am going to turn it over now to Senator COATS of Indiana. I see he is here to support this bipartisan bill, but I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. COATS. Mr. President, I want to thank my colleague from Minnesota. I am here to talk about opioid abuse as well, although I am trying to combine two speeches. Since we are now talking about the opioids abuse and drug addiction, I am more than happy to listen to the Senator from Minnesota finish her speech. I thank her for the time, but I want to make sure I am not also unduly holding my colleague back as I flip through my weekly ''Waste of the Week'' because I can delay that, if necessary.

Mr. President, I am joining my colleagues here. I believe all of us are deeply concerned about the drug addiction epidemic that is sweeping through our Nation. It is an epidemic for people of all ages, but it is most tragically an epidemic for our young people who feel a sense of immortality when they are young and often fall prey to the ''just try it, it is harmless, don't worry about the addiction.'' Obviously, that is not the case. We are talking about highly addictive drugs and heroin that is coming into our country, and we are talking about serious consequences of this.

In our States, as in every other State, it is a major crisis, and we are trying to do everything we can to address that. In one county alone, we have had an unprecedented rural HIV outbreak as a result of the sharing of needles to inject opioids. These needles that are providing the kind of drug addiction we read about every day.

It is clear the legislation before us is a comprehensive approach, and that is needed. As I have said, I think we have to have an all-hands-on-deck effort here, whether it is prevention, whether it is law enforcement to keep the drugs from coming in or whether it is treatment. It is all three, and it requires not only those three components but communities and community organizations, whether Federal, State, local, or volunteer organizations, such as the various charities that are operating and their volunteers who are stepping up. All of us need to get involved in all aspects of dealing with this.

I am pleased to cosponsor the bill Senators PORTMAN and WHITEHOUSE have worked on, CARA, which has been talked about on the Senate floor. I am proud to be a cosponsor of this bipartisan legislation. The legislation includes a provision Senator BLUMENTHAL and I, on a bipartisan basis, have offered, which authorizes individuals who are authorized by the State to write prescriptions for controlled substances, such as physician assistants and nurse practitioners, to access State prescription drug monitoring programs—so-called PDMPs—to reduce drug abuse. I will not go into the details of that program, but it has been very successful in terms of providing the transparency and the information necessary so we can control prescriptions and the output of drugs

that are perhaps prescribed for legitimate purposes but are used for illegitimate reasons.

For all of that, I look forward to our being able to work through this legislation and to successfully pass this legislation and move it on through the Congress and to the President.

WASTEFUL SPENDING

Mr. President, if I could also, ask for the indulgence of my colleague from Minnesota, to talk briefly about my waste of the week. I think this is the 35th or 36th week. I have almost lost track of the number of weeks I have been down here. Every week the Senate has been in session I have been down, with maybe one or two exceptions, talking about the waste of the week.

Waste of the weeks are simply issues documented, through a nonpartisan process, of waste, fraud, and abuse that occur through the irresponsible spending and oversight of our bureaucracies here in Washington. Today I am highlighting two policies that have occurred within the State Department and the Federal Aviation Administration.

Frankly, I could be talking about every agency in the Federal Government that has fallen prey to a lack of oversight. We have come to the point where we have identified over these ''Waste of the Week'' speeches well over $150 billion of documented waste, fraud, and abuse.

These are issues that have been raised through inspections and analysis by the Government Accountability Office by the inspectors general of various agencies whose job it is to delve in and find out how the taxpayer money is being spent—is it being spent for the legitimate purpose of providing the service that is needed or is there a problem either in mismanagement or through waste or are criminals and others taking advantage of the program? I have now documented, as I said, 35 of those cases totaling well over $150 billion.

Today we want to look at two agencies as examples of this. I can go through every agency, but we will take two today. One is the State Department. Let me note it is estimated that changing the policies here could save the taxpayers an estimated $295.6 million. That is not small change. Just addressing these two agencies $295-plus million it will save.

Let me go into a little bit of detail. State Department employees located overseas—those serving in embassies or consulates—have access to what is called a purchase card. The concept is OK. The idea is that rather than go through all the paperwork and processing and sending back to the United States, employees can say: Look, we need some office supplies. We didn't order enough initially. We need to pick up 100 Scotch tape containers or pens or who knows what. A purchase card is given to those employees who are responsible for providing those supplies to make what is called simple transactions.

To prevent the wasteful use or fraudulent use of these purchase cards, Federal law and State Department guidelines require all transactions meet certain eligibility criteria and be continually monitored. We know from experience that mistakes are made. We know from experience that fraud is committed. One of those key eligibility criteria is that all of the purchase receipts have to be retained for a minimum of 3 years. That is so inspectors general can go back and look at what the purchase is, look at the receipt, make sure everything is up to speed and done within the law.

However, a recent report by the State Department inspector general has revealed that overseas employees have been told they do not have to send any purchase documentation to their supervisors in Washington for further review. All they need to do is keep the receipts of the purchases for a 3-year period of time so that if those assessments are evaluated, when someone comes back and says ''We heard there is a problem here,'' they will have the receipts to verify whether the purchases were legitimate or not. That is the ''trust but verify'' that I think is important for dealing with these kind of situations.

When the State Department inspector general tried to access the documentation for purchase card transactions as required by the law and by State Department regulation, he found that many of the overseas offices didn't keep their transaction records. As an example, in fiscal year 2014, the inspector general found that more than half of overseas offices either didn't perform reviews of purchase card transactions as they are required to do or didn't even respond to the inspector general's request to produce the documentation. The report determined that during 2013 and 2014, there were $53.6 million in unaccounted purchases. That is unacceptable.

If you take a job, you are told: Here is your card. If you need to buy something locally and don't want to go through all the rigmarole of purchasing and sending documentation overseas and so forth, you can use this purchase card. But you have to keep the documents if you do this because you are going to be reviewed. Someone is going to come over here and say: Prove it.

Yet the State Department has basically said: Don't worry about it. You don't have to keep those—probably thinking that they will never come over and follow up on this. So that $53.6 million in unaccounted-for purchases at this rate, over a 10-year period of time, amounts to about $263 million in unknown and unverified purchases just within the State Department's overseas offices. Who knows what is going on here?

Secondly, I want to talk about the Federal Aviation Administration because they have a similar situation that was inspected by their inspector general. He found that many employees do not comply with the guidelines, and the employees are not consistently held responsible for safeguarding their assigned equipment and supplies, such as digital cameras, laptops, and any other number items. As a result, the Federal Aviation Administration IG, the Inspector General, found that there are nearly 15,000 pieces of equipment and material that employees may not be able to locate. The combined value of that missing property is over $32.5 million.

To make matters worse, the IG report states that the FAA division that essentially lost $32.5 million worth of equipment doesn't even have the authority to hold employees accountable. Not a bad job, right? It is as if they are saying don't worry: If you mess up, if you do something illegal, fraudulent, or you are just sloppy you're not responsible, if you don't know where the equipment is, if you don't keep track of it, you will not have to be accountable for that lost equipment.

No American business could function this way and stay solvent. But walk back an employee there and say: ''What happened to the new laptop that we gave you 6 months ago?''

They would say: ''I don't know. I don't know where it is. I need another one.''

''That's fine. Don't worry. This happens all the time. We will give you a new one.''

On and on it goes. That division of the FAA essentially has lost $32.5 million worth of equipment, and, again, it doesn't even hold its employees accountable.

We have racked up nearly $19 trillion of debt in this country. No one can explain how large an amount of money that is. What we do know is that we are continuing to plunge into debt, and we are going to keep doing that. One of the ways we can be more accountable here is what I have just described.

I know my time is running out. With that, I am going to add this week to our accumulating waste $295.6 million for these unknown, unverified purchases, bringing our total now to $157.5 billion. It is time to put a stop to this. It is time to enforce these rules and regulations. It is time to be sensitive to the fact that we are wasting hard-earned taxpayers' dollars.

With that, keeping on schedule, I thank my colleague from Minnesota for the time which she has yielded, and I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Ms. AYOTTE). Without objection, it is so ordered.

Ms. KLOBUCHAR. Madam President, I come to the floor today to speak in

favor of our bill, the Comprehensive Addiction and Recovery Act. I thank Senator WHITEHOUSE, Senator PORTMAN, and the Presiding Officer for their leadership. We have worked together on a bipartisanship basis on this bill from the beginning. Our Nation, as we know, is facing a serious problem with drug addiction, and I am glad to join my colleagues to talk about how we can handle this problem and how we can do something about it.

Earlier in my speech today I referred to a group that I met with in Montevideo, MN, with only a few days' notice. All the doctors in the town showed up. The sheriff, the police chief, and regular constituents poured a bunch of medications on the table to show how much we are seeing in terms of overprescription and how this can so easily get in the wrong hands or turn people into addicts.

I came to this issue first as a prosecutor. I spent 8 years serving as the chief prosecutor in Hennepin County, which includes Minneapolis. Drug cases made up about one-third of our caseload, which meant we handled everything from trafficking and selling to production and manufacturing. From this position, I had an opportunity to see firsthand the devastating impacts of drug addiction. Many of those affected were hooked on opiates, including both heroin and prescription pain medication. But even when I left that office in 1998, I didn't see anything near what we are seeing today. We were starting to see the beginnings of the addiction on prescription drugs, but nothing like we are seeing today. In fact, four out of five heroin users are getting their start by misusing prescription drugs.

We would be sadly mistaken if we thought this was only an urban problem. We know it is a huge problem in our rural areas. In Beltrami County, MN, just this past weekend there were three emergency calls for overdoses. One of those people passed away. That is a rural county in our State on one weekend.

Many of those who have been affected by this epidemic are young people. Over just 6 months in 2013, three people died of opiate overdoses and another three were hospitalized for overdosing on heroin in one 7,000-person town in Minnesota. These statistics and stories are troubling, and they show why we must focus on both treatment and prevention.

Minnesota is home to Hazelden Betty Ford Addiction Treatment Center. We are proud of the work and the leadership our State shows when it comes to treatment—one of the reasons I got involved in this issue. Hazelden Betty Ford has had impressive success with its comprehensive opiate response program. Their program offers the best of both worlds: lifesaving medicine to help treat the medical causes of addiction, as well as counseling to help people get on the right path.

However, too many people have been unable to get the treatment they need. Almost 10 percent of Americans are estimated to need treatment for issues related to drug and alcohol, but only about 1 percent receives treatment at a specialty facility. That is why my colleagues and I have come together to introduce this bill.

Our bill covers strategies for prevention, evidence-based programs such as strengthening prescription drug monitoring programs—something I worked on with the Presiding Officer. These types of programs help States track data on controlled substances like opioids so that when they are dispensed, they can be a strong, effective tool in making sure that they are used for the right reasons.

This last week I was near the South Dakota border. There were doctors who knew patients were also going into South Dakota to get prescriptions. It was very difficult for them to trace what was going on—which pharmacy they would go to in rural areas. They could drive an hour and go to a different pharmacy, drive another hour and go to a different pharmacy—maybe see a different doctor in South Dakota and maybe check into an emergency room somewhere else. That is going on today in our country.

Another important provision in our bill will help make drugs less accessible by providing consumers with safe and responsible ways to dispose of unused prescription drugs. According to the DEA, more than 2,700 tons of expired, unwanted prescription medications have been collected through these programs since the drug take-back law that we passed in 2010 was put into place. That is a bill I worked on with Senator CORNYN, who is also on the Judiciary Committee with me. It is called the Secure and Responsible Drug Disposal Act. It took a long time for the DEA to get their act together to get the rules up. The rules came up, and guess what. Literally, a few months later, Walgreens has now said they will offer kiosks and places for people to return drugs on a nationwide basis. Right now, we have law enforcement doing it. Minnesota is at the front of the curve. We have some of our libraries taking these drugs into secure facilities. But the best would be that the places where people got the drugs would also be taking back the drugs. So we are glad that bill has finally helped in that way.

We believe this bill before us today will help even more. We also have in this bill increasing the availability of naloxone, which is used to save lives in emergency overdose situations and a number of things that are going to be helpful going forward. This bill is a framework, but it is an important step forward that the Federal Government is finally saying to the Congress and the Senate that we need to take steps here.

Our bill has the support of a broad range of stakeholders, including the National District Attorneys Association, the Fraternal Order of Police, the National Association of State Alcohol and Drug Abuse Directors, Faces and Voices of Recovery, and the Major County Sheriffs' Association.

Finally, we must also recognize that combating this kind of drug abuse will require a serious investment of resources. It is for that reason that I have cosponsored Senator SHAHEEN's amendment to appropriate emergency funding to address the heroin and opioid drug abuse epidemic. I am hopeful that the Senate will come together to curb the problem of prescription drug abuse and save lives across our Nation. I am hopeful we will pass the amendment as well as our bill. I think there will be a number of other good amendments that are considered, including medical education and other things that need to be done here.

I see this bill as the beginning and not an end. I think more work is going to have to be done with funding. I think more work is going to have to be done with the prescription drug monitoring. We have a start here. But when people and addicts are crossing State lines, when we have a very difficult situation with trying to regulate where the drugs are and how many are going out—I figure that if a Target in my State can find a pair of shoes in Hawaii with a SKU number, we should be able to figure out if people are getting too many prescription drugs. We should be able to educate our doctors so they are not giving them out in quantities that are too big. These are some of the things I am going to continue working on.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

FILLING THE SUPREME COURT VACANCY

Mr. HATCH. Madam President, each of us has taken an oath to support and defend the Constitution of the United States. President George Washington called the Constitution the guide that he would never abandon. The Constitution declares itself to be the supreme law of the land, and more than 90 percent of Americans say it is very important to them. Unfortunately, basic knowledge about the Constitution is dangerously inadequate. I say this is dangerous because, as James Madison put it, only a well-instructed people can be permanently a free people.

The current debate over when to fill the Supreme Court vacancy left by Justice Antonin Scalia's death only magnifies my concern. Ignorance of not only how the Constitution applies to this question but even what the Constitution says apparently extends far and wide.

Here is the text of the Constitution regarding the appointment of judges

and other public officials: The President ''shall have Power . . . [to] nominate, and by and with the Advice and Consent of the Senate, shall appoint . . . Judges of the supreme Court, and all other Officers of the United States, whose Appointments are not herein otherwise provided for, and which shall be established by Law.''

I could hardly read that on the chart from this side here. I should have done it by memory.

The President ''shall have Power . . . [to] nominate, and by and with the Advice and Consent of the Senate, shall appoint . . . Judges of the supreme Court, and all other Officers of the United States, whose Appointments are not herein otherwise provided for, and which shall be established by Law.''

This is what the Constitution actually says, right here for everyone to read. The Constitution gives power to nominate to the President and gives the power of advice and consent to the Senate. It says nothing about how the President and the Senate should exercise their separate powers. In fact, the judicial confirmation process has been conducted in different ways, at different times, and under different circumstances.

Our job is to determine how, under current circumstances, best to exercise our power of advice and consent. Several factors convince me that the best way to do so is to defer the confirmation process for filling this vacancy until the next President takes office.

First, this is only the third Supreme Court vacancy in nearly a century to occur after the American people had already started voting for the next President. In the previous two instances, 1956 and 1968, the Senate did not confirm a nominee until the year after the Presidential election.

Second, the only time the Senate has ever confirmed a nominee to fill a Supreme Court vacancy created after Presidential election voting had begun was 1916. That vacancy arose only because Justice Charles Evans Hughes resigned to run against President Woodrow Wilson, a completely different situation than we have before us today.

Third, the judicial confirmation process has become increasingly combative, especially for the Supreme Court. Attempting to conduct this process in the middle of an already divisive Presidential election campaign would be especially difficult.

Fourth, President Obama's judicial appointees and Justice Scalia represent two radically different kinds of judge. This offers the American people a unique opportunity to express, through the election, their view of the direction the judiciary should take by electing the President who will make judicial appointments in the next 4 years.

In June 1992, then-Judiciary Committee Chairman JOSEPH BIDEN, a friend of mine, made the very recommendation that we are following today based on some of the very same factors that I just mentioned. In particular, he noted that the appointment process would take place in divided Government during a Presidential election process that was already under way. He could have been describing 2016 instead of 1992.

The Constitution does not mandate a particular process to address this Supreme Court vacancy. We have to look all the way back to the 19th century to find a year in which the Senate confirmed a Supreme Court nominee of the other party in a Presidential election year. That, of course, was long before the courts became as powerful and the confirmation process as confrontational as they are today. Democrats can read the Constitution and understand the historical and political facts as well as anyone else. Why then are they making such bizarre claims?

Last week, for example, the minority whip said that the Constitution requires ''a fair hearing and a timely vote.'' He claimed that this conclusion comes from the plain text of the Constitution. Well, I have the plain text up here, and it clearly says nothing whatsoever about hearings or votes. As I said, the Constitution gives the power to nominate to the President and the power of advise and consent to the Senate and leaves to each the judgment about how to exercise their respective powers.

Last week the Senator from California, Mrs. BOXER, said that deferring the confirmation process would be an abomination. She said that the Constitution's standard for the Senate's advice and consent role does not change with the party of the President making nominations. Yet she voted 25 times to filibuster Republican judicial nominees, including to the Supreme Court. She voted not simply to defer the confirmation process, as we are doing today, but to prevent a confirmation vote from ever taking place. If the confirmation process should not change with the President's party, then she should have no problem with the decision we have made since it is less drastic than the blockade she promoted just a few years ago.

Also last week, an email solicitation signed by one of my Democratic colleagues asking for petition signatures claimed that the Senate has a ''fundamental duty to confirm nominees to the Supreme Court.'' I would like to think this is simply an egregious typographical error because it goes beyond even the false claim that the Constitution requires hearings and a vote. If the Senate has no choice but to confirm a President's nominees, what is the point of giving the Senate a role in the process at all?

I will say it again in the hope of clearing up what should not have been confused in the first place: The Constitution gives to the President the power to nominate and to the Senate the power of advice and consent. These are separate and independent powers, and the Constitution does not mandate any particular way for the President and the Senate to fulfill their responsibilities.

Because this fact is evident on the face of the Constitution, I cannot understand my colleagues who say that the President has a 4-year term. That observation has nothing at all to do with anything before the Senate. The Senate is not doing a single thing and cannot do a single thing to interfere with the President's power to nominate. He can exercise that power in any way he chooses, including sending nominees to the Senate up to his very last day in office. He can do that. Nobody that I know of disputes that. My dispute would be as to whether it is wise to do it right up to the very last day in office, but nobody really disputes that he can exercise that power in any way he chooses, including sending nominees to the Senate up to his very last day in office. What the President cannot do is dictate to the Senate how we exercise our separate power of advice and consent regarding those nominees.

Liberal allies of Senate Democrats are similarly confused. I received a letter signed by liberal groups, for example, claiming that the Constitution requires ''timely hearings and votes.'' It almost sounds like Democratic Senators and leftwing groups are sharing talking points—almost.

Let's look once more at the language of article II. I will refer to the chart. Tell me, where is the language about hearings and votes? I understand that Senate Democrats and their leftist allies want a timely hearing and confirmation vote this year to replace Justice Scalia, but wanting a particular confirmation process and saying the Constitution requires that process are two very different things.

Some of the groups signing that letter—in particular, I noticed the Leadership Conference, the Alliance for Justice, and People for the American Way—actively urged Senators to filibuster the Supreme Court nomination of Samuel Alito. In 2006 they opposed the very confirmation vote that today, just 10 years later, they say the Constitution requires. Democrats and their liberal allies must be reading the same made-up, shape-shifting Constitution that their favorite activist judges use because the real Constitution says no such thing.

Democrats' arguments contradict not only the plain words of the Constitution but also their own words and actions in considering nominees of a Republican President.

As to hearings, then-Chairman PAT LEAHY denied a hearing to nearly 60 judicial nominees in less than 4 years while George W. Bush was President.

As to confirmation votes, the minority leader said in May 2005 that claiming the Constitution requires a confirmation vote would be, in his words, rewriting the Constitution and reinventing reality. That was by the current minority leader. Here is what he said then:

The duties of the United States Senate are set forth in the Constitution of the United States. Nowhere in that document does it say that the Senate has a duty to give Presidential nominees a vote. It says that appointments shall be made with the advice and consent of the Senate. That's very different than saying that every nominee receives a vote.

That was the minority leader, who was then the majority leader. Well, think about that.

The duties of the United States Senate are set forth in the Constitution of the United States. Nowhere in that document does it say that the Senate has a duty to give Presidential nominees a vote. It says that appointments shall be made with the advice and consent of the Senate. That's very different than saying that every nominee receives a vote.

I mentioned one Democratic Senator who voted 25 times to prevent confirmation votes on judicial nominees, as did the minority leader, minority whip, Senator LEAHY, and Senator SCHUMER as well. In fact, Vice President BIDEN himself, when he served in this body, voted 29 times to filibuster Republican judicial nominees. While President Obama today says that the Constitution requires us to vote on a Supreme Court nominee, as a Senator, he, too, voted to prevent any confirmation vote for Supreme Court nominee Samuel Alito. In other words, these Senate Democrats voted over and over to deny the very confirmation vote that today they say the Constitution itself requires. They cannot have it both ways. Do we have multiple Constitutions, one to use for a President of your own party and another for the President of another party? Democrats today have no credibility whatsoever to dictate how the confirmation process should work for filling this Supreme Court vacancy.

The Constitution leaves to the President how to exercise his power to nominate and to the Senate how to exercise its power of advice and consent. Recent claims to the contrary are inconsistent with the plain text of the Constitution and with past words and actions of the very Senators and grassroots activists making those claims today.

The question is when, not whether, to fill the vacancy left by the untimely death of Justice Scalia. The best answer is to defer the confirmation process until after the next President takes office. Far from ignoring or shirking our responsibility, that conclusion tackles our responsibility head-on for the good of the judiciary, the Senate, and the country.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

HONORING DEPUTY DEREK GEER

Mr. GARDNER. Madam President, it is with a heavy heart that I rise today to honor the life and work of Mesa County Sheriff's Deputy Derek Geer. On Monday, February 8, Deputy Geer was dispatched to a call about an armed individual in a local neighborhood. As members of our law enforcement do every day, Deputy Geer, with courage and care, responded to that call and through the senseless act of another, this son, husband, father, and friend, lost his life.

Deputy Geer served with the Mesa County Sheriff's Office for nearly 15 years. As a veteran of the Navy, his service to others began long before his role as a law enforcement officer. Service and duty to his country and his community exemplified Deputy Geer's selfless concern for others.

As a member of the Sheriff's Department, Deputy Geer served as a victim's advocate, providing support to those enduring some of life's worst difficulties. In every role he held, he always found ways to give even more.

This loss has been felt deeply across Colorado's Western Slope, the communities of the Western Slope, and our State, as we remember a man who exemplified the best of the western spirit—courage and selfless leadership.

The Grand Junction community has come together to support the Geer family and our men and women who nobly protect us each and every day. Members of law enforcement from around the State and around our Nation came to honor the life of Deputy Geer, filling the streets to pay their last respects.

Integrity, service, and community, the values of the Mesa County Sheriff's Department—values carried out since the inception of the organization in 1883—were embodied in the work of Deputy Geer.

The thin blue line represents the men and women in law enforcement protecting the public from those who seek to harm and cause destruction. Our officers do not waiver at the dangerous calls and unknown situations. They face them in this line of duty, and they do so out of a love and loyalty for their neighbors and community.

I am grateful for the work of those at St. Mary's Medical Center who cared for Deputy Geer, as his last act was perhaps the most selfless of all—to give his organs to others in need.

As Mesa County deputies shrouded their badges, we too shared in mourning the loss of Deputy Geer, and we will continue to honor his life and legacy.

My deepest sympathies and prayers go to Derek Geer's family, his two children and his wife Kate.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Madam President, I, too, would like to extend my condolences to the family in Colorado and to the Senators from Colorado for their loss.

RETURN FROM SPACE OF COMMANDER SCOTT KELLY

Madam President, I wish to call to the attention of the Senate that tonight, around midnight, we are expecting the return from space of Commander Scott Kelly, who has been in space for almost a year. He has been on the International Space Station for 340 days. It is an experiment regarding not only all of the things he has done in doing experiments—all kinds of physical things—but we are specifically doing a test to compare the effects of zero gravity on the human body for an extended period of time and, of all things, comparing him to his twin brother, an astronaut commander who was in command of the next-to-the-last space shuttle mission in 2011. In that case, it was Commander, now Navy, Retired, Captain Mark Kelly. So we will have an identical twin so NASA can then see the effects of the physical, emotional, and psychological effects, because as we prepare to go all the way to Mars in the decade of the 2030s, there is going to be a lot we are going to have to learn in long-duration space flight, and long duration in zero gravity is going to be one of the things we have to be able to adapt to.

This Senator was only in space for 6 days. The human body readapts when you get back to Earth fairly quickly. For the long duration, and in this case a year, there is going to be a significant readaptation, as we have seen by some of our Americans who have been up for months and months but nobody as long as a year.

In the old Soviet program, they put up cosmonauts for a year, and there are changes that occur, but in those intervening years we have become so much more aggressive in how we keep in a physical exercise activity on board the space station, which is what it would be on a Mars mission as well, trying to replicate through stress machines the fact that we don't have gravity, but replicating that, and trying to keep up the bone density and the muscle tone. We have to work at it, and the astronauts on board the space station do that.

Scott Kelly has been up there for a year, and we will compare that with his identical twin brother Mark Kelly, who has flown several times in the space shuttle.

I will report to the Senate tomorrow, since he is supposed to return in early morning to Kazakhstan. That is somewhere just before midnight here on eastern time, and I wanted to alert the Senate to this because we are right on the cusp of doing a whole number of things as we prepare to go to Mars. This is certainly one of the significant events, and we will see how Scott Kelly is doing.

In the meantime, we say Godspeed on his fiery reentry into the Earth's atmosphere. Our hopes and our prayers go with him as he and his crewmates return. I will be able to report to the Senate tomorrow.

Madam President, I yield the floor.

The PRESIDING OFFICER (Mr. GARDNER). The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I am here to deliver my climate remarks, but I wish to thank the Senator from Florida for his description of what is happening up in space and what our fellow Americans have achieved. One of the unforgettable moments of my time in the Senate has been to hear Senator NELSON's description of the events that led up to his space flight, the experience of his space flight, and, frankly, the spiritual nature of the events and the effects on his life. It has been impressive, and I am honored to serve with Senator NELSON.

CLIMATE CHANGE

Mr. President, as the Presiding Officer knows, this is my 129th ''Time to Wake Up'' speech to my colleagues about the serious threat of carbon pollution and our responsibility as Senators to heed that threat and to take steps to soften the blow of climate change. With each passing week, the evidence of climate change continues to mount and public understanding of the stakes of the climate crisis continues to grow.

Worldwide, 2015 was the hottest year since we began keeping records back in 1880, according to both NOAA and NASA. The last 5 years have been the warmest 5-year period on record since the World Meteorological Association. We know the amount of carbon in the Earth's atmosphere has risen to its highest level in at least 800,000 years—probably several millions of years but at least 800,000 years. Global sea levels are rising along our shores at their fastest rate in nearly 3,000 years. The current rate of change in ocean acidity is already faster than at any time in the past 50 million years. Our oceans are acidifying more rapidly than they have at any time in 50 million years. We measure that from the geologic record.

The American people get it. They understand that climate change is real. More than three out of every four Americans believe that climate change is occurring and that doing nothing to reduce future warming will cause a very or somewhat serious problem for the United States—three out of four. Even the majority of Republicans now acknowledge global warming, with 59 percent saying the climate is changing. When asked, do you think that the world's climate is undergoing a change that is causing more extreme weather patterns and the rise of sea levels, 70 percent said yes.

The American people have an extraordinarily diverse and qualified array of expertise supporting those convictions: virtually every major scientific society and agency, our American military and national security and intelligence officials, leading American companies, doctors, and faith leaders.

So the truth is winning out, right? The polluters' campaign of deception and misinformation has been thwarted, right? Well, wrong. They are still at it.

A network of fossil fuel-backed front organizations with innocent sounding names still propagates counterfeit science in an attempt to cast doubt on the actual American scientific consensus. This network of polluter-paid deceit and denial has been well documented by Dr. Robert Brulle at Drexel University, Dr. Justin Farrell at Yale University, Dr. Riley Dunlap at Oklahoma State University, and others. Dr. Brulle's follow-the-money analysis, for instance, diagrams the complex flow of cash to these front groups—a flow that the polluters persistently try to obscure. Dr. Farrell's quantitative analysis of words written by climate denial organizations revealed a complex climate denial apparatus that is ''overtly producing and promoting skepticism and doubt about scientific consensus on climate change.'' ''Doubt is their product'' is the famous phrase.

Dr. Constantine Boussalis at Trinity College and Dr. Travis Coan at the University of Exeter released a new study in December examining more than 16,000 documents from 19 conservative think tanks over the period 1998 to 2013 and found ''little support for the claim that the era of science denial is over—instead, discussion of climate science has generally increased over the sample period.''

Their study demonstrates that in spite of the broken global heat records over the last decade, rising sea levels, and accelerated melting of polar ice sheets, these conservative think tanks have, in recent years, actually increased their polluter-paid attacks on science.

The study explains these think tanks ''provide a multitude of services to the cause of climate change skepticism.'' These include: offering material support and lending credibility to contrarian scientists sponsoring pseudoscientific climate change conferences, directly communicating contrarian viewpoints to politicians—which is how we get infected here—and disseminating skeptic viewpoints out through the media.

It follows a playbook of fraudulent deception that we have seen before from industrial powers fighting to obscure the harms their products cause, tobacco being a fine example.

In 2002, the conservative strategist Frank Luntz summed up the scheme in a memo to the Republican Party, since leaked, titled ''Straight Talk.'' Here is what Mr. Luntz said:

> Should the public come to believe that the scientific issues are settled, their views about global warming will change accordingly. Therefore, you need to continue to make the lack of scientific certainty a primary issue in the debate . . . The scientific debate is closing [against us]—

He said back in 2002—

> but not yet closed. There is still a window of opportunity to challenge the science.

This is the climate science version of the infamous 1969 tobacco industry memo that declared that ''Doubt is our product.''

In her recent book ''Dark Money,'' Jane Mayer describes in-depth the means by which fossil fuel interests put their wealth to use exerting outsized influence on our American political process. First, she describes, they invest in intellectuals who come up with ideas friendly to the industry. Then they invest in think tanks to transform these ideas into ''marketable policies''—stuff they think they can sell. As one environmental lawyer explains, ''You take corporate money and give it to a neutral-sounding think tank'' which ''hires people with pedigrees and academic degrees who put out credible-seeming studies. But they all coincide perfectly with the economic interests of their funders.'' Ms. Mayor describes this as the ''think tank as disguised political weapon.''

Not surprisingly, think tanks in the climate denial scheme tend to be funded by fossil fuel interests like ExxonMobil and the Koch brothers or their fronts. The Kochs and their ilk use dark money channels to funnel money through a labyrinth of nonprofit groups that make the full extent of their meddling difficult, if not impossible, to fully determine. The Boussalis and Coan study identifies the Heartland Institute as a particularly important cog in the polluter-funded climate denial apparatus. According to their study:

> Heartland's shift towards science-related themes . . . dovetails with Luntz's famous ''Straight Talk'' memo. It is therefore not a surprise that for a decade it has organized the annual International Conference on Climate Change (also known as Denial-a-Palooza), which serves as a forum for climate science deniers, or that it [Heartland] made headlines in 2012 after launching a controversial ad campaign which equated climate scientists with Ted Kaczynski, the Unabomber.

Climate scientists, such as the ones who work at NASA and NOAA, are being equated with Ted Kaczynski, the Unabomber—very responsible behavior by Heartland, but Heartland gets big bucks from the fossil fuel industry and its front groups for this service.

Unfortunately, that is not all. Behind this well-paid conspiracy to fool the American public, which is failing, is a related political effort, which is not. The polluters are losing with the American public, but they still control Congress. Huge sums of dark money are spent on politics, particularly right here in the U.S. Senate and House of Representatives.

As NYU law professor Burt Neuborne has written, ''rivers of money flowing from secret sources have turned our elections into silent auctions.''

How huge are these rivers of money? Each election sets new records. In the 2012 Presidential cycle, the nonpartisan Center for Responsible Politics reported that dark money groups spent over $300 million, with over 80 percent of it coming from Republican-leaning outfits.

The torrent of dark money flooded the 2014 midterm elections, making them the most expensive midterm elections in American history. According to the Washington Post, at least 31 percent of all independent spending in

that election came from groups not required to disclose their donors—dark money. That doesn't even count spending on so-called issue ads, which is also not reported.

In this 2016 election cycle, dark money spending has broken new records again. These dark money groups, according to the Center for Responsive Politics, ''are more integrated into campaigns than we've seen in the past.'' The Koch brothers' political network alone has vowed to spend $750 million this election cycle. They are through $400 million already and climbing. And the $750 million they have vowed to spend is more than the Bush and Kerry campaigns combined spent in 2004.

In our political debate, dark money dollars drown out the voices of average citizens with what has been aptly called ''a tsunami of slime.'' All that money is not spent for nothing. As one secret corporate donor exulted, ''We can fly under the radar screen. . . . There are no limits, no restrictions, and no disclosure.'' The result stinks, and it is polluting our public discourse.

The sad part is that it is working. Not one Republican Senator will stand up and address climate change in a meaningful way. I have a bill modeled on what conservative economists and the out-of-office Republican officials who are willing to address climate change all recommend as their solution. I did it their way—not a single cosponsor.

In the Presidential primary, it is even worse. One leading candidate has actually declared that ''the concept of global warming was created by and for the Chinese in order to make U.S. manufacturing noncompetitive.'' Tell that to NOAA, NASA, the U.S. Navy, and every single American National Laboratory. It is a preposterous statement offered by a person who presents himself as qualified to be President of the United States.

Another candidate—this one, I am sad to say, a Senate colleague—simply shrugs and says, ''Climate is always changing.'' No, not like this. And if you don't believe me, ask NOAA, NASA, the U.S. Navy, and every single American National Laboratory.

Yet another candidate who is also a Senator dismissed the solid American scientific consensus on climate change as ''partisan dogma and ideology.'' Tell that to the scientists at NOAA, NASA, the Navy, and every single one of our National Laboratories, that what they are doing is not legitimate science, but it is partisan dogma and ideology. Again, that is a preposterous remark, but they have to say those things because the big fossil fuel money is so powerful in that primary race that they don't dare cross them.

The powerful fossil fuel interests have created a beautiful situation. They no longer care which candidate wins the primary because they have schooled them all to climate denial. That is the achievement of dark money, and it is an achievement that is disgracing our democracy and will darken our reputation for decades. Its effect is that we do nothing—exactly what the big polluters want, exactly what the big polluters paid for. It is just sickening what these secretive special interests and their dirty dark money are doing to our American democracy.

It is time to wake up, Mr. President. I thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

WHOLE WOMAN'S HEALTH V. HELLERSTEDT

Mr. WYDEN. Mr. President, tomorrow the Supreme Court will hear oral arguments in the case Whole Woman's Health v. Hellerstedt. The central issue of this case is an attack by the State of Texas on women's health and the clinics that provide abortion services.

I wish to begin by stating clearly that in our country women have a constitutionally protected right to make their own choices about their bodies. That is the law of the land, as guaranteed to women in Oregon and nationwide by the Supreme Court in Roe v. Wade.

The 2013 Texas law at the heart of this case, HB2, is a thinly veiled attempt to block women's choice by setting unjustifiable and burdensome requirements on the doctors and clinics that offer abortion care. Despite what HB2 supporters say, it doesn't have anything to do with protecting women's health. And the reality is, complications from abortion procedures are exceedingly rare. In fact, the numbers show that abortion care is far safer than colonoscopies. Yet Texas law doesn't go out of its way to impose comparable requirements on facilities providing colonoscopies. HB2 unfairly targets women's health clinics.

To make this point directly, I wish to briefly quote from an amicus brief filed by the trusted experts on these matters at the American Medical Association and the American Congress of Obstetricians and Gynecologists, among others. Their briefs said that the requirements imposed by the State of Texas ''are contrary to accepted medical practice and are not based on scientific evidence.'' The brief continued: ''They fail to enhance the quality or safety of abortion-related medical care and, in fact, impede women's access to such care by imposing unjustified and medically unnecessary burdens on abortion providers.''

HB2 tells clinics, ''comply with these new requirements, or close.'' So in the months since the law passed, the number of clinics that provides such services has, in fact, plummeted across the State. According to reports, if HB2 is upheld, the total will drop by more than three-quarters. Texas, obviously, is a big State, and under HB2 many women are going to have to travel for hours on end to exercise a right guaranteed to them by the U.S. Constitution. The fact is, a lot of working women don't have the luxury of taking a day off or cannot afford a long and expensive trip to a faraway clinic. In effect, women are going to be denied care.

You are going to hear people on both sides of the aisle say again and again how vital it is that Americans have access to medical treatment and advice from doctors they know and trust. But HB2 flatly denies many women that protection.

I personally find it very troubling that HB2 has become a blueprint for similar restrictive laws around the Nation, bills that masquerade as women's health safety measures. For example, the State of Louisiana now has a nearly identical law on its books.

In January, 162 of my congressional colleagues and I wrote the following in an amicus brief filed with the Supreme Court: ''A woman's right to decide whether to carry a pregnancy to term or to seek critical medical services, including abortion, should be insulated from the shifting political rhetoric and interest groups whose sole purpose is to erode the right to choose to bring a pregnancy to term afforded to women under Roe.''

So here is my bottom line: A limit on the exercise of a woman's right is a limit on the right itself. It is wrong and it is un-American to restrict a person's right because it conflicts with your own views. Texas HB2 should be struck down. The rights guaranteed to women following Roe v. Wade ought to be protected, just as all the others that are guaranteed by the Constitution. My hope is that this ongoing crusade against women's health care, which I have spoken about repeatedly on the floor of this Senate, ought to end here, and it ought to end now.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

INTERNATIONAL ELECTION OBSERVATION MISSION, 2016—TAIWAN

Ms. MURKOWSKI. Mr. President, on January 16, 2016, the people of Taiwan went to the polls and elected Dr. Tsai Ing-wen as the next President of Taiwan, with 56.2 percent of the vote. The 2016 Presidential election marked the sixth direct election of the President and Vice President of Taiwan, and the first time a woman has been elected as head of Taiwan's Government. Dr. Tsai's party, the Democratic Progressive Party, also won 68 seats of the 113-member Legislative Yuan for an outright majority in that body. I congratulate Dr. Tsai and her party for their victories and new responsibilities.

This election represents a significant change in Taiwan's political landscape, with important implications for the U.S.-Taiwan relationship. I urge the administration to express its clear support for Taiwan and its vibrant democracy.

As part of the 2016 Taiwan Presidential and legislative elections, an international election observation mission made up of 18 observers from 10 countries visited Taiwan at the invitation of the Taiwan Nation Alliance and the International Committee for a Democratic Taiwan. After the elections, the mission submitted its final report on the elections, concluding that they were free and fair. I ask unanimous consent that the summary of that report be printed in the RECORD.

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

OBSERVATIONS BY THE INTERNATIONAL ELECTION OBSERVATION MISSION, 2016

1. INTRODUCTION

From January 12–17, 2016, a group of eighteen observers from 10 countries (see the attached list of members) visited Taiwan at the invitation of the Taiwan Nation Alliance (TNA) and the International Committee for a Democratic Taiwan (ICDT). They formed an International Election Observation Mission (IEOM) to observe the election campaign for the January 16th 2016 Presidential and Legislative elections in Taiwan.

At the completion of their mission on the day after the elections, the members of the IEOM expressed appreciation to the organizers of the visit, and encouraged them to continue in their efforts to strengthen Taiwan's democracy, so that it can be shared with other countries in the region and around the world. In addition, as the IEOM conducted their mission, it greatly appreciated the willingness of candidates, party representatives, and government representatives to meet with them.

During the IEOM, the group visited locations in Taipei, Kaohsiung, and Taichung, meeting with various representatives of the two main political parties: Democratic Progressive Party (DPP) and Chinese Nationalist Party (KMT), as well as of two smaller parties—the People's First Party (PFP) and New Power Party (NPP). They also observed political rallies, street campaigns, and activities at several polling stations and the Central Election Commission counting center on Election Day.

2. THE CONCLUSIONS OF THE IEOM WERE AS FOLLOWS:

It congratulated the people of Taiwan and its newly-elected president Dr. Tsai Ing-wen on the achievement of this major milestone in Taiwan's history, the consolidation of many decades of hard work and dedication by the Taiwanese people.

And it stated that:

a. The vibrancy of the sixth direct presidential election further confirms that Taiwan has left its authoritarian past behind it, and has grown into a fully democratic society featuring the institutionalization of fundamental freedoms, comprehensive electoral procedures, and sound democratic practices.

b. In our view, these elections were free and fair, though there were media reports of irregularities such as vote buying in locations such as Hsinchu, Chiayi and Taitung. However, these have not affected the overall outcome of the elections.

c. After such elections it is key that all sides of the political spectrum in the country respect the democratic choice of the people, and work together to make Taiwan a better place for all.

d. It is also essential that other nations respect the results of the elections as the free choice of the people of Taiwan, and work with the newly-elected leadership to establish a sustainable, long-term peace and stability in the region.

e. The impending third transfer of executive power, as well as the first parliamentary majority for the opposition, are opportunities for further deepening and consolidation of Taiwan's democracy.

MEMBERS OF THE INTERNATIONAL ELECTION OBSERVATION MISSION

Head of Mission: Frank Murkowski, former Senator and Governor of Alaska

UNITED STATES AND CANADA

Julian Baum, former correspondent for the Far Eastern Economic Review and the Christian Science Monitor

Stephen Bryen, former Deputy Undersecretary of Defense

June Teufel Dreyer, Professor of Political Science, University of Miami

William A. Stanton, former Director of the American Institute in Taiwan, Taipei

Stephen M. Young, former Director of the American Institute in Taiwan, Taipei

Charles Burton, Professor at Brock University, Canada

Michael Stainton, President, Taiwanese Human Rights Association of Canada

EUROPE

Stéphane Corcuff, Professor of Political Science, University of Lyon, France

Jens Damm, Professor of Political Science, University of Tubingen, Germany

Michael Danielsen, Chairman, Taiwan Corner, Denmark

Bruno Kauffman, President, Initiative and Referendum Institute, Europe

Vincent Rollet, French Centre for Research on Contemporary China, Taiwan

Gerrit van der Wees, editor, Taiwan Communiqué, the Netherlands

ASIA & AUSTRALIA

Bruce Jacobs, Retired Professor of Political Science, Monash University, Australia

Akihisa Nagashima, Member House of Representatives (Diet), Japan

Tadae Takubo, Vice President, Japan Institute for National Fundamentals, Japan

Sim Tze Tzin, Member of Parliament, Malaysia

NATIONAL EYE DONOR MONTH

Mr. KIRK. Mr. President, today I wish to honor March 2016 as National Eye Donor Month, an event first celebrated by President Reagan in 1983 and one I am proud to commemorate now.

For over 50 years, corneal transplants have restored the vision of those with corneal diseases. Today these procedures are overwhelmingly safe and successful and help reduce the impact of eye disorders on our economy. As a result of higher medical expenses and reduced workforce productivity, eye disorders are the fifth costliest disease type in the United States.

In total, over 70,000 people receive corneal transplants each year. The largest eye bank in the United States, Eversight, operates two locations in Illinois. These institutions, one in Chicago and one in Bloomington, facilitated over 3,000 transplants in 2015 and provided nearly 1,500 corneas for research and training purposes. Thanks to the 2,700 eye donors in Illinois in 2014 and the thousands of other donors across the country each year, scientists are closer to finding treatments and cures for corneal blindness and many patients no longer suffer from impairment or loss of vision.

On this special occasion, I commend the Eye Bank Association of America and the eye banks across this country for their great work, encourage my colleagues to promote eye donation, and urge all Americans to register to become eye donors.

MESSAGE FROM THE HOUSE

At 3:15 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. 1471. An act to reauthorize the programs and activities of the Federal Emergency Management Agency.

H.R. 4084. An act to enable civilian research and development of advanced nuclear energy technologies by private and public institutions and to expand theoretical and practical knowledge of nuclear physics, chemistry, and materials science.

H.R. 4238. An act to amend the Department of Energy Organization Act and the Local Public Works Capital Development and Investment Act of 1976 to modernize terms relating to minorities.

H.R. 4401. An act to authorize the Secretary of Homeland Security to provide countering violent extremism training to Department of Homeland Security representatives at State and local fusion centers, and for other purposes.

H.R. 4444. An act to amend the Energy Policy and Conservation Act to exclude power supply circuits, drivers, and devices designed to be connected to, and power, light-emitting diodes or organic light-emitting diodes providing illumination from energy conservation standards for external power supplies, and for other purposes.

H.R. 4583. An act to promote a 21st century energy and manufacturing workforce.

The message also announced that the House has passed the following bills, each with an amendment, in which it requests the concurrence of the Senate:

S. 1172. An act to improve the process of presidential transition.

S. 1580. An act to allow additional appointing authorities to select individuals from competitive service certificates.

MEASURES REFERRED

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

H.R. 1471. An act to reauthorize the programs and activities of the Federal Emergency Management Agency; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2406. An act to protect and enhance opportunities for recreational hunting, fishing, and shooting, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 4401. An act to authorize the Secretary of Homeland Security to provide countering violent extremism training to Department of Homeland Security representatives at State and local fusion centers, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 4583. An act to promote a 21st century energy and manufacturing workforce; to the Committee on Energy and Natural Resources.

ENROLLED BILL PRESENTED

The Secretary of the Senate reported that on today, March 1, 2016, she had presented to the President of the United States 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 capsicum spray to officers and employees of the Bureau of Prisons.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC–4524. A communication from the Director of the Budget and Program Management Staff, Agricultural Research Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Changes to Fees and Payment Methods'' (RIN0518–AA05) received in the Office of the President of the Senate on February 24, 2016; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4525. A communication from the Associate Administrator of the Cotton and Tobacco Programs, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Classification of Foreign-Growth Cotton'' (Docket No. AMS–CN–15–0051) received in the Office of the President of the Senate on February 24, 2016; to the Committee on Agriculture, Nutrition, and Forestry.

EC–4526. A communication from the Director of Defense Procurement and Acquisition Policy, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Federal Acquisition Regulation Supplement: Uniform Procurement Identification'' ((RIN0750–AI54) (DFARS Case 2015–D011)) received in the Office of the President of the Senate on February 23, 2016; to the Committee on Armed Services.

EC–4527. A communication from the Secretary, Division of Trading and Markets, Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule entitled ''Security-Based Swap Transactions Connected with a Non-U.S. Person's Dealing Activity That Are Arranged, Negotiated, or Executed by Personnel Located in a U.S. Branch or Office or in a U.S. Branch or Office of an Agent; Security-Based Swap Dealer De Minimis Exception'' (RIN3235–AL05) received in the Office of the President of the Senate on February 23, 2016; to the Committee on Banking, Housing, and Urban Affairs.

EC–4528. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Suspension of Community Eligibility'' ((44 CFR Part 64) (Docket No. FEMA–2015–0001)) received in the Office of the President of the Senate on February 24, 2016; to the Committee on Banking, Housing, and Urban Affairs.

EC–4529. A communication from the Assistant Secretary of the Army (Civil Works), transmitting, pursuant to law, a report relative to the Brazos Island Harbor, Texas navigation project; to the Committee on Environment and Public Works.

EC–4530. A communication from the Acting Unified Listing Team Manager, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Interagency Cooperation—Endangered Species Act of 1973, as Amended; Definition of Destruction or Adverse Modification of Critical Habitat'' (RIN1018–AX88) received in the Office of the President of the Senate on February 23, 2016; to the Committee on Environment and Public Works.

EC–4531. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, a report relative to section 36(c) of the Arms Export Control Act (DDTC 15–086); to the Committee on Foreign Relations.

EC–4532. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–315, ''Tip's Way Designation Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4533. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–316, ''LGBTQ Cultural Competency Continuing Education Amendment Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4534. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–317, ''Emery Heights Community Center Designation Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4535. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–318, ''Private Security Camera Incentive Program Temporary Amendment Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4536. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–319, ''Marijuana Possession Decriminalization Clarification Temporary Amendment Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4537. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–320, ''Certificate of Good Standing Filing Requirement Temporary Amendment Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4538. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–322, ''Wage Theft Prevention Clarification Temporary Amendment Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4539. A communication from the Chairman of the Consumer Product Safety Commission, transmitting, pursuant to law, the Commission's Annual Performance Report for fiscal year 2015; to the Committee on Homeland Security and Governmental Affairs.

EC–4540. A communication from the Chairman of the Federal Maritime Commission, transmitting, pursuant to law, the Commission's fiscal year 2015 annual report relative to the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Homeland Security and Governmental Affairs.

EC–4541. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 21–321, ''Presidential Primary Ballot Access Temporary Amendment Act of 2016''; to the Committee on Homeland Security and Governmental Affairs.

EC–4542. A communication from the Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, a report entitled ''Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) Quarterly Report to Congress; First Quarter of Fiscal Year 2016''; to the Committee on Veterans' Affairs .

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. COATS, from the Joint Economic Committee:

Special Report entitled ''2016 Economic Report of the President'' (Rept. No. 114–218).

By Mr. ROBERTS, from the Committee on Agriculture, Nutrition, and Forestry, without amendment:

S. 2609. An original bill to amend the Agricultural Marketing Act of 1946 to require the Secretary of Agriculture to establish a national voluntary labeling standard for bioengineered foods, and for other purposes.

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 Mrs. FISCHER (for herself, Ms. AYOTTE, Mr. BOOKER, and Mr. SCHATZ):

S. 2607. A bill to ensure appropriate spectrum planning and interagency coordination to support the Internet of Things; to the Committee on Commerce, Science, and Transportation.

By Mr. KIRK (for himself and Mr. COONS):

S. 2608. A bill to authorize the Secretary of the Interior and the Secretary of Agriculture to place signage on Federal land along the trail known as the ''American Discovery Trail'', and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. ROBERTS:

S. 2609. An original bill to amend the Agricultural Marketing Act of 1946 to require the Secretary of Agriculture to establish a national voluntary labeling standard for bioengineered foods, and for other purposes;

from the Committee on Agriculture, Nutrition, and Forestry; placed on the calendar.

By Ms. MURKOWSKI (for herself, Ms. CANTWELL, and Ms. HIRONO):

S. 2610. A bill to approve an agreement between the United States and the Republic of Palau; to the Committee on Energy and Natural Resources.

By Mr. UDALL:

S. 2611. A bill to amend the Federal Election Campaign Act of 1971 to replace the Federal Election Commission with the Federal Election Administration, and for other purposes; to the Committee on Rules and Administration.

By Mr. LEAHY (for himself, Ms. MURKOWSKI, Mr. SCHUMER, Mr. JOHNSON, Ms. HEITKAMP, Mrs. SHAHEEN, Ms. CANTWELL, Mrs. MURRAY, and Mrs. GILLIBRAND):

S. 2612. A bill to ensure United States jurisdiction over offenses committed by United States personnel stationed in Canada in furtherance of border security initiatives; to the Committee on the Judiciary.

By Mr. GRASSLEY (for himself, Mr. SCHUMER, Mr. HATCH, and Mrs. FEINSTEIN):

S. 2613. A bill to reauthorize certain programs established by the Adam Walsh Child Protection and Safety Act of 2006; to the Committee on the Judiciary.

By Mr. SCHUMER (for himself, Mr. GRASSLEY, and Mr. TILLIS):

S. 2614. A bill to amend the Violent Crime Control and Law Enforcement Act of 1994, to reauthorize the Missing Alzheimer's Disease Patient Alert Program, and to promote initiatives that will reduce the risk of injury and death relating to the wandering characteristics of some children with autism; to the Committee on the Judiciary.

By Ms. COLLINS (for herself and Mrs. MCCASKILL):

S. 2615. A bill to increase competition in the pharmaceutical industry; to the Committee on Health, Education, Labor, and Pensions.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. COONS (for himself and Mr. KIRK):

S. Res. 381. A resolution honoring the memory and legacy of Michael James Riddering and condemning the terrorist attacks in Ouagadougou, Burkina Faso on January 15, 2016; to the Committee on Foreign Relations.

By Mr. GRASSLEY (for himself and Mrs. ERNST):

S. Res. 382. A resolution congratulating the community colleges of Iowa for 50 years of outstanding service to the State of Iowa, the United States, and the world; considered and agreed to.

By Mr. PERDUE (for himself, Mr. TESTER, and Mr. COONS):

S. Res. 383. A resolution recognizing the importance of the United States-Israel economic relationship and encouraging new areas of cooperation; to the Committee on Foreign Relations.

ADDITIONAL COSPONSORS

S. 297

At the request of Mr. KIRK, the name of the Senator from Indiana (Mr. DONNELLY) was added as a cosponsor of S. 297, a bill to revive and expand the Intermediate Care Technician Pilot Program of the Department of Veterans Affairs, and for other purposes.

S. 497

At the request of Mrs. MURRAY, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 497, a bill to allow Americans to earn paid sick time so that they can address their own health needs and the health needs of their families.

S. 579

At the request of Mr. GRASSLEY, the name of the Senator from Michigan (Mr. PETERS) was added as a cosponsor of S. 579, a bill to amend the Inspector General Act of 1978 to strengthen the independence of the Inspectors General, and for other purposes.

S. 700

At the request of Mr. DURBIN, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 700, a bill to amend the Asbestos Information Act of 1988 to establish a public database of asbestos-containing products, to require public disclosure of information pertaining to the manufacture, processing, distribution, and use of asbestos-containing products in the United States, and for other purposes.

S. 740

At the request of Mr. HATCH, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S. 740, a bill to improve the coordination and use of geospatial data.

S. 901

At the request of Mr. MORAN, the names of the Senator from Wisconsin (Ms. BALDWIN) and the Senator from Indiana (Mr. DONNELLY) were added as cosponsors of S. 901, a bill to establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces that are related to that exposure, to establish an advisory board on such health conditions, and for other purposes.

S. 1440

At the request of Mr. WYDEN, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1440, a bill to amend the Federal Credit Union Act to exclude a loan secured by a non-owner occupied 1- to 4-family dwelling from the definition of a member business loan, and for other purposes.

S. 1479

At the request of Mr. INHOFE, the names of the Senator from Rhode Island (Mr. WHITEHOUSE) and the Senator from New York (Mrs. GILLIBRAND) were added as cosponsors of S. 1479, a bill to amend the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 to modify provisions relating to grants, and for other purposes.

S. 1865

At the request of Ms. KLOBUCHAR, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 1865, a bill to amend the Public Health Service Act with respect to eating disorders, and for other purposes.

S. 1911

At the request of Ms. COLLINS, the names of the Senator from New Hampshire (Ms. AYOTTE) and the Senator from Maryland (Ms. MIKULSKI) were added as cosponsors of S. 1911, a bill to implement policies to end preventable maternal, newborn, and child deaths globally.

S. 1915

At the request of Ms. AYOTTE, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 1915, a bill to direct the Secretary of Homeland Security to make anthrax vaccines and antimicrobials available to emergency response providers, and for other purposes.

S. 1982

At the request of Mr. CARDIN, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 1982, a bill to authorize a Wall of Remembrance as part of the Korean War Veterans Memorial and to allow certain private contributions to fund the Wall of Remembrance.

S. 2213

At the request of Mr. BLUMENTHAL, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 2213, a bill to prohibit firearms dealers from selling a firearm prior to the completion of a background check.

S. 2216

At the request of Ms. COLLINS, the names of the Senator from Arkansas (Mr. COTTON) and the Senator from Indiana (Mr. DONNELLY) were added as cosponsors of S. 2216, a bill to provide immunity from suit for certain individuals who disclose potential examples of financial exploitation of senior citizens, and for other purposes.

S. 2291

At the request of Mr. KIRK, the name of the Senator from Indiana (Mr. DONNELLY) was added as a cosponsor of S. 2291, a bill to amend title 38, United States Code, to establish procedures within the Department of Veterans Affairs for the processing of whistleblower complaints, and for other purposes.

S. 2361

At the request of Mr. THUNE, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of S. 2361, a bill to enhance airport security, and for other purposes.

S. 2424

At the request of Mr. PORTMAN, the name of the Senator from Illinois (Mr. KIRK) was added as a cosponsor of S. 2424, a bill to amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.

S. 2426

At the request of Mr. GARDNER, the name of the Senator from Kansas (Mr.

MORAN) 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.

S. 2437

At the request of Ms. MIKULSKI, the names of the Senator from Minnesota (Mr. FRANKEN) and the Senator from Wisconsin (Ms. BALDWIN) were added as cosponsors 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. 2452

At the request of Mr. MORAN, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S. 2452, a bill to prohibit the use of funds to make payments to Iran relating to the settlement of claims brought before the Iran-United States Claims Tribunal until Iran has paid certain compensatory damages awarded to United States persons by United States courts.

S. 2487

At the request of Mrs. BOXER, the names of the Senator from Delaware (Mr. COONS) and the Senator from Maine (Ms. COLLINS) were added as cosponsors 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. 2521

At the request of Mrs. ERNST, the name of the Senator from New Hampshire (Ms. AYOTTE) was added as a cosponsor of S. 2521, a bill to amend the Veterans Access, Choice, and Accountability Act of 2014 to improve the treatment at non-Department of Veterans Affairs facilities of veterans who are victims of military sexual assault, and for other purposes.

S. 2540

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

S. 2559

At the request of Mr. BURR, the names of the Senator from Montana (Mr. DAINES) and the Senator from Colorado (Mr. GARDNER) were added as cosponsors of S. 2559, a bill to prohibit the modification, termination, abandonment, or transfer of the lease by which the United States acquired the land and waters containing Naval Station, Guantanamo Bay, Cuba.

S. 2566

At the request of Mrs. SHAHEEN, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 2566, a bill to amend title 18, United States Code, to provide sexual assault survivors with certain rights, and for other purposes.

S. 2576

At the request of Ms. AYOTTE, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 2576, a bill to permit the Attorney General to authorize a temporary transfer of funds from Department of Justice accounts in the amount necessary to restore Department of Justice Asset Forfeiture Program equitable sharing payments to participating law enforcement agencies.

S. 2579

At the request of Ms. STABENOW, the names of the Senator from West Virginia (Mrs. CAPITO) and the Senator from Wisconsin (Ms. BALDWIN) were added as cosponsors of S. 2579, a bill to provide additional support to ensure safe drinking water.

S. 2597

At the request of Mr. BROWN, the name of the Senator from North Dakota (Ms. HEITKAMP) was added as a cosponsor of S. 2597, a bill to amend title XVIII of the Social Security Act to provide for treatment of clinical psychologists as physicians for purposes of furnishing clinical psychologist services under the Medicare program.

S. CON. RES. 30

At the request of Mr. LEE, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. Con. Res. 30, a concurrent resolution expressing concern over the disappearance of David Sneddon, and for other purposes.

S. RES. 349

At the request of Mr. ROBERTS, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of S. Res. 349, a resolution congratulating the Farm Credit System on the celebration of its 100th anniversary.

S. RES. 368

At the request of Mr. CARDIN, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of S. Res. 368, a resolution supporting efforts by the Government of Colombia to pursue peace and the end of the country's enduring internal armed conflict and recognizing United States support for Colombia at the 15th anniversary of Plan Colombia.

S. RES. 378

At the request of Mr. JOHNSON, the names of the Senator from Illinois (Mr. DURBIN) and the Senator from Colorado (Mr. GARDNER) were added as cosponsors of 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.

AMENDMENT NO. 3166

At the request of Mrs. SHAHEEN, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of amendment No. 3166 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.

AMENDMENT NO. 3323

At the request of Ms. STABENOW, the names of the Senator from West Virginia (Mrs. CAPITO) and the Senator from Wisconsin (Ms. BALDWIN) were added as cosponsors of amendment No. 3323 intended to be proposed to H.R. 4470, a bill to amend the Safe Drinking Water Act with respect to the requirements related to lead in drinking water, and for other purposes.

AMENDMENT NO. 3345

At the request of Mrs. SHAHEEN, the names of the Senator from New Hampshire (Ms. AYOTTE), the Senator from Connecticut (Mr. BLUMENTHAL), the Senator from New Mexico (Mr. HEINRICH), the Senator from Hawaii (Ms. HIRONO), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Michigan (Ms. STABENOW) and the Senator from New Mexico (Mr. UDALL) were added as cosponsors of amendment No. 3345 intended to be proposed 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.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. MURKOWSKI (for herself, Ms. CANTWELL, and Ms. HIRONO):

S. 2610. A bill to approve an agreement between the United States and the Republic of Palau; to the Committee on Energy and Natural Resources.

Ms. MURKOWSKI. Mr. President, I am pleased to join with Senator MARIA CANTWELL and Senator MAZIE HIRONO to introduce legislation to approve the 2010 Agreement between the Governments of the United States and the Republic of Palau following the Compact of Free Association Section 432 Review.

Palau's history with the United States dates back to the Battle of Peleliu, fought between United States and Japanese forces for over two months with the highest casualty rate of any battle in the Pacific Theater. Following World War II, Palau became a district of the Trust Territory of the Pacific Islands under the auspices of the United Nations, but administered by the United States. Palau was the last district of the Trust Territory to choose its political future, when in 1994, it became a self-governing, sovereign state and entered into a fifty-year Compact of Free Association with the United States similar to that of the Marshall Islands and the Federated States of Micronesia.

Under the Compact, the United States, through the Department of the

Interior, provides economic and financial assistance, defends Palau's territorial integrity, and allows Palauan citizens the opportunity to enter the United States as non-immigrants. In return, the United States receives exclusive and unlimited access to Palau's land and waterways for strategic purposes. U.S. assistance is intended to help Palau develop its infrastructure and economy so that it has a sustainable government and economy capable of functioning without the United States' support. Section 432 of the Compact provides that after the fifteenth, thirtieth, and fortieth anniversaries of the Compact, the United States and Palau shall formally review the terms of the Compact and shall consider the overall nature and development of their relationship, including Palau's operating requirements and its progress in meeting development objectives.

The United States can count on Palau to vote with us on a broad range of issues, including some that are controversial and where we need reliable allies. On a number of important resolutions that have come before the United Nations' General Assembly, Palau stood by us and provided critical votes. For example, in 2014, Palau voted with the United States on 97 percent of votes before the U.N. General Assembly, and Palau voted with the U.S. 90 percent of the time in important votes. From 2011–2013, Palau voted with the United States 100 percent of the time in important votes. Palau has been a steadfast ally of the United States in international forums and we should be mindful of and grateful for their support.

It is also important to recognize that Palau has consistently demonstrated a commitment to the U.S.–Palau partnership under the Compact. Palauan nationals serve in U.S. coalition missions, participate in U.S.-led combat operations, and have given their lives for the safety of our nation. Approximately 500 Palauan men and women serve as volunteers in our military today, out of a population of about 21,000. Palau is indeed a strong partner who punches well above its weight. We are grateful for their sacrifices and dedication to promoting peace and fighting terrorism. After reviewing the progress achieved by Palau in the first 15 years of the Compact, and with the 13th anniversary coming upon us, the administration is recommending continued assistance, but at lower levels.

This agreement, reached in 2010, has been before Congress in prior years and the Senate Energy and Natural Resources Committee has held hearings on the matter. To the best of my knowledge, there is no objection within Congress on the policy of continuing to provide financial assistance to Palau under the Compact of Free Association. The hang-up has been finding a viable offset to pay for that assistance. I would note that since 2010 Congress has provided just over $13 million in annual discretionary funding to the Government of Palau in lieu of the Agreement's enactment—a total of over $90 million in that timeframe. At the same time, the administration has failed to identify an acceptable offset for a cost that is now just under $150 million over 10 years.

For such a steadfast ally, partner, and friend, whose citizens serve in our Armed Forces for the protection of our nation, and whose government supports the United States' position on critical issues in international forums, we should be able to come up with a viable funding solution. I call upon the administration to work with Congress on this matter, find an offset, and enact the 2010 Agreement between the United States and Palau.

Mr. President, I ask unanimous consent that a letter of support be printed in the RECORD.

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

FEBRUARY 22, 2016.

Hon. JOSEPH R. BIDEN, Jr.,
President of the Senate,
Washington, DC.

DEAR MR. PRESIDENT: Enclosed is draft legislation to amend Title I of Public Law 99–658 (100 Stat 3672), regarding the Compact of Free Association between the Government of the United States of America and the Government of Palau (Compact). This legislation would approve and implement the results of the mandated 15-year review of the Compact, as well as the Agreement Between the Government of the United States of America and the Government of the Republic of Palau (Compact Review Agreement), signed on September 3, 2010. We strongly urge this draft bill be introduced, referred appropriately, and passed in Congress at the earliest opportunity.

The relationship between the United States and Palau, as embodied in the Compact, is grounded in shared history, friendship, and a strong partnership in national security, especially with respect to the Asia-Pacific region. In the Battle of Peleliu, in Palau, more than 1,500 American servicemen lost their lives, and more than 8,000 were wounded, resulting in one of the costliest battles in the Pacific in World War II. After the war, the United States assumed administrative authority over Palau as part of the Trust Territory of the Pacific Islands and in 1994 Palau became a sovereign nation in free association with the United States under the Compact of Free Association. The Compact provides U.S. military forces full authority and responsibility for security and defense matters in or relating to Palau. Conversely, the United States has the extraordinary advantage of being able to deny other nations' military forces access to Palau, an important element of our Pacific strategy for defense of the U.S. homeland.

In addition to the important historical and security relationship, Palau has consistently demonstrated a commitment to the U.S.-Palau partnership under the Compact. Palauan nationals have served in U.S. coalition missions and participated in U.S. led combat operations. Palauan citizens volunteer in large numbers in the U.S. military. Since September 11, 2001, seven Palauans have lost their lives in combat. At the United Nations, Palau has voted with the United States more than 95 percent of the time, including on key foreign policy issues.

The Compact has seen the goal of self-governance and democracy in Palau realized. However, to bolster this progress and maintain stability in the region, we must now help to ensure Palau's financial independence. By approving the Compact Review Agreement, the pending legislation would extend U.S. assistance through 2024, helping to meet and achieve this critical goal. Under the agreement, Palau has committed to undertake economic, legislative, financial, and management reforms. Additionally, this agreement assures the United States can withhold economic assistance in the absence of significant further progress in implementing meaningful reforms.

The Statutory Pay-As-You-Go Act of 2010 requires that the cumulative effects of revenue and direct spending legislation in a congressional session meet a pay-as-you-go (PAYGO) requirement. In total, such legislation should not increase the on-budget deficit; if it does, it would produce a sequestration if it is not fully offset by the end of the congressional session. This draft bill would increase mandatory outlays and the on-budget deficit as shown below:

FISCAL YEARS
[Dollars in millions]

	2017	2018	2019	2020	2021	2022	2023	2024	Total
Deficit Impact	46	26	20	17	15	14	6	5	149

This proposal would increase direct spending, and it is therefore subject to the Statutory PAYGO Act and should be considered in conjunction with all other proposals that are subject to the Act. Approving the results of the Agreement is important to the national security of the United States, stability in the Western Pacific region, our bilateral relationship with Palau, and to the United States' broader strategic interests in the Asia-Pacific region. We stand ready, as always, to provide you with any information and assistance necessary to help secure the passage of this legislation.

Sincerely,

SALLY JEWELL,
Secretary, Department of the Interior.
HEATHER HIGGINBOTTOM,
Deputy Secretary for Management and Resources, Department of State.
ROBERT O. WORK,
Deputy Secretary, Department of Defense.

By Mr. LEAHY (for himself, Ms. MURKOWSKI, Mr. SCHUMER, Mr. JOHNSON, Ms. HEITKAMP, Mrs. SHAHEEN, Ms. CANTWELL, Mrs. MURRAY, and Mrs. GILLIBRAND):

S. 2612. A bill to ensure United States jurisdiction over offenses committed by United States personnel stationed

in Canada in furtherance of border security initiatives; to the Committee on the Judiciary.

Mr. LEAHY. Mr. President, last year, I hailed the signing of a new agreement between the United States and Canada designed to improve cross-border travel, commerce and security between our two countries. Secretary Johnson of the Department of Homeland Security was joined in Washington by Canada's Minister of Public Safety, Steven Blaney, for the signing of that new preclearance agreement, which was negotiated under the Beyond the Border Action Plan.

Preclearance facilities allow travelers to pass through U.S. Customs and Border Protection, CBP, inspections in Canada, prior to traveling to the United States. Preclearance operations relieve congestion at U.S. destination airports, facilitate commerce, save money, and strengthen national security. The United States currently stations CBP officers in select locations in Canada to inspect passengers and cargo bound for the United States before departing Canada. The new agreement signed in March 2015 will lead to expanded U.S. preclearance facilities in Canada in the marine, land, air and rail sectors.

However, the Department of Homeland Security requires specific, narrowly tailored legislation to fully implement the new agreement. CBP Officers assigned to preclearance locations operate with law enforcement authorities and immunities as agreed upon by the United States and the host country's government. Under the new preclearance agreement with Canada, the United States secured the right to prosecute U.S. officials if they commit crimes on the job while stationed in Canada—and thereby preclude a prosecution by Canadian prosecutors. But in some cases, the United States may lack the legal authority to prosecute U.S. officials because many federal crimes do not have extraterritorial reach. The Promoting Travel, Commerce and National Security Act of 2016, which I am proud to introduce today with Senator MURKOWSKI, would ensure that the United States has the legal authority to hold our own officials accountable if they engage in wrongdoing abroad in Canada. This legislation will allow for full implementation of the expanded Canada preclearance agreement.

Enacting this legislation will promote two key national goals: enhancing our national security, and creating a more efficient flow of travelers and goods. By placing CBP personnel at the point of departure, screening occurs before a person boards a flight, increasing our ability to prevent those who should not be flying to the United States from doing so. In 2014, preclearance stopped more than 10,000 inadmissible travelers worldwide before they left foreign soil. As Secretary Johnson has said, ''We have to push our homeland security out beyond our borders so that we are not defending the homeland from the one-yard line.'' At the same time, preclearance facilitates travel and trade.

I am pleased that a bipartisan coalition in the House of Representatives, led by Representatives ELISE STEFANIK and ANN KUSTER, will also introduce companion legislation today as well. And I am grateful for the support of Senators SCHUMER, JOHNSON, HEITKAMP, SHAHEEN, CANTWELL, MURRAY and GILLIBRAND for this important legislation. I hope with this bipartisan, bicameral support, this simple, straightforward enabling legislation will be enacted this year.

In Vermont, we look to our Canadian neighbors as partners in trade and commerce, and as joint stewards of our shared communities. While both nations strive to ensure that the border is secure, the ties between Canada and Vermont run deep. We rely on each other for trade, commerce, and tourism. And many Vermont families have members on both sides of the border. This agreement has long been a dream for Vermonters who have fond memories of taking the train north to Montreal to enjoy all that this vibrant cultural hub offers. It is also a win for visitors from Canada's largest cities who love to come to Vermont to ski, shop and dine. I commend Secretary Johnson for his commitment to forging this agreement that will greatly benefit Vermont and the United States. I look forward to enacting this legislation into law so that these projects can move forward.

By Mr. GRASSLEY (for himself, Mr. SCHUMER, Mr. HATCH, and Mrs. FEINSTEIN):

S. 2613. A bill to reauthorize certain programs established by the Adam Walsh Child Protection and Safety Act of 2006; to the Committee on the Judiciary.

Mr. GRASSLEY. Mr. President, we have all heard accounts of innocent children being victimized and abused by predators. Today I will introduce legislation to extend two of the key programs that Congress established under the Adam Walsh Child Protection and Safety Act of 2006. With today's legislation, I hope to send a strong message to all Americans about Congress' continued commitment to keeping our Nation's children safe.

Many of us here in the Senate worked very hard on the original version of the Adam Walsh Act, which is named for a six year-old who was tragically murdered in 1981. President George W. Bush signed that legislation on the 25th anniversary of Adam Walsh's abduction from a Florida shopping mall. I am pleased that Senators HATCH, SCHUMER, and FEINSTEIN—who cosponsored the Senate version of that legislation when it was first introduced in the 109th Congress—have joined me as original cosponsors of today's legislation.

John Walsh, the father of Adam Walsh, worked closely with us on the development of the 2006 Adam Walsh Act, and we worked with him on the development of today's legislation as well. Reauthorization of the Adam Walsh Act is a priority for him and has the support of the National Center for Missing and Exploited Children.

The Adam Walsh Act was enacted in response to multiple, notorious cases involving children who had been targeted by adult criminals, many of them repeat sex offenders. Its passage became a national priority after Congress discovered that criminals were taking advantage of gaps and loopholes in some States' laws to circumvent sex offender registration requirements—with tragic results for some of the nation's children.

Who can forget Jetseta Gage—a beautiful 10-year-old girl from Cedar Rapids, Iowa who was sexually assaulted and murdered by a registered sex offender in 2005? As a cosponsor of the Senate version of the Adam Walsh Act, I championed the inclusion in the 2006 law of language imposing mandatory minimum penalties for those who murder, kidnap, or inflict serious bodily harm to children like Jetseta.

Of course, the centerpiece of the Adam Walsh Act is the Sex Offender Registration and Notification Act, or SORNA. SORNA divides sex offenders into three categories, or tiers, depending on the seriousness of their crimes. It encourages States to set minimum criteria for the registration of sex offenders in each tier, with the aim of discouraging ''forum shopping'' by offenders who prey on children.

The Adam Walsh Act also established several programs that are key to its successful implementation. One such program, known as SOMA, or the Sex Offender Management Assistance Program, makes federal grant resources available to states to offset the costs of Walsh Act implementation. Today's legislation would extend the authorization for that program, which expired 8 years ago.

The federal government, through the U.S. Marshals Service, also supports States and localities in tracking down sex offenders who fail to register or reregister. Those fugitive apprehension activities were authorized under the 2006 Adam Walsh Act, and today's legislation would extend the authorization for those U.S. Marshals Service activities at $60 million annually for each of the next 2 years.

Nothing can bring back Adam Walsh, Jetseta Gage, Dru Sjodin, Megan Kanka, or the other innocents for whom the Adam Walsh Act was passed. But it is important that we continue to not only honor their memories but also protect America's future children from harm by extending the key programs that were authorized under the original Adam Walsh Act. The authorization for these programs expired at least 7 years ago.

According to the Justice Department's Bureau of Justice Statistics, there are about a hundred thousand

people convicted of sexual violence offenses in state prisons, and hundreds of thousands more who currently reside in neighborhoods across the United States. As a father of five and the grandfather of 9, I believe we should continue to make sex offender registration and notification a priority.

Mr. President, July 27 of this year will mark the 35th anniversary of Adam Walsh's abduction. I urge my colleagues to join me in supporting the passage of this important legislation before that date elapses.

By Mr. SCHUMER (for himself, Mr. GRASSLEY, and Mr. TILLIS):

S. 2614. A bill to amend the Violent Crime Control and Law Enforcement Act of 1994, to reauthorize the Missing Alzheimer's Disease Patient Alert Program, and to promote initiatives that will reduce the risk of injury and death relating to the wandering characteristics of some children with autism; to the Committee on the Judiciary.

Mr. GRASSLEY. Mr. President, today Senators SCHUMER, TILLIS and I will introduce legislation to help America's families locate missing loved ones who have Alzheimer's disease, autism or related conditions that may cause them to wander. Our bill would extend existing programs designed to assist in locating Alzheimer's disease and dementia patients. It also adds new support for people with autism.

We have named the legislation in honor of two boys with autism who perished because their condition caused them to wander. One of these children, nine-year-old Kevin Curtis Wills, slipped into Iowa's Raccoon River near a park and tragically drowned in 2008. The other, 14-year-old Avonte Oquendo, wandered away from his school and drowned in New York City's East River several years ago.

Theirs are not isolated cases. We have all read or heard the heartbreaking stories of families frantically trying to locate a missing loved one whose condition caused him or her to wander off.

We have also seen benefits of notification systems to locate missing children and bring relief to families through community assistance. Our bill will use similar concepts and other technology to help locate people with Alzheimer's disease or other forms of dementia as well as children with autism spectrum disorders who may be prone to wander away from their families or caregivers.

My home State of Iowa has the fifth highest Alzheimer's death rate in America, according to the Alzheimer's Association. As further noted by the Alzheimer's Association, which we consulted on this bill's development, as many as one in three seniors will die with a form of dementia. About 63,000 Iowans are living with Alzheimer's disease.

In 2014, the Centers for Disease Control and Prevention released information on the incidence of autism in this country. The CDC identified 1 in 68 children as having autism spectrum disorders. Experts tell us that, in Iowa alone, about 8,000 individuals have been diagnosed with autism spectrum disorders, and we worked closely with the Autism Society of Iowa on the development of this bill.

Because police often are the first people to respond when a child goes missing, the bill also will make resources available to equip first responders and other community officials with the training necessary to better prevent and respond to these cases. With better information sharing, communities can play a central role in reuniting these children with their families.

Finally, the bill will ensure that grants from the U.S. Department of Justice also can be used by state and local law enforcement agencies and nonprofits for education and training programs to proactively prevent and locate missing individuals with these conditions. The grants will facilitate the development of training and emergency protocols for school personnel, supply first responders with additional information and resources, and make local tracking technology programs available for individuals who may wander from safety because of their condition. Grant funding may also be used to establish or enhance notification and communications systems for the recovery of missing children with autism.

I urge my colleagues to support this important legislation.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 381—HONORING THE MEMORY AND LEGACY OF MICHAEL JAMES RIDDERING AND CONDEMNING THE TERRORIST ATTACKS IN OUAGADOUGOU, BURKINA FASO ON JANUARY 15, 2016

Mr. COONS (for himself and Mr. KIRK) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 381

Whereas, on January 15, 2016, terrorists perpetrated heinous attacks at the Splendid Hotel, the Cappuccino Café, and the Yibi Hotel in Ouagadougou, Burkina Faso, killing 30 innocent civilians from 18 countries, including Burkina Faso, Canada, France, Libya, Switzerland, the Netherlands, Portugal, Ukraine, and the United States;

Whereas Michael James Riddering was the only citizen of the United States killed in the terrorist attacks on January 15, 2016;

Whereas first responders, including Burkinabe forces, and French and United States security personnel, including personnel of the Bureau of Diplomatic Security and of the United States Armed Forces, valiantly and quickly assisted with evacuating civilians trapped in the Splendid Hotel, transporting civilians to safe locations, and supporting the military of Burkina Faso in securing the area around the Splendid Hotel;

Whereas Michael James Riddering resided in Yako, Burkina Faso, was born in Chicago, Illinois, and was raised in Fort Lauderdale, Florida;

Whereas Michael James Riddering was a graduate of Fort Lauderdale Christian High School;

Whereas Michael James Riddering was a businessman, a boat builder, and a missionary who led an orphanage, a school, and a women's crisis center in Burkina Faso, and was a father, son, husband, brother, and friend;

Whereas Michael James Riddering and his wife, Amy, worked as a part of a team that cared for over 400 orphaned children and provided direct assistance to disenfranchised widows in Burkina Faso;

Whereas Michael James Riddering was in the capital, Ouagadougou, of Burkina Faso on January 15, 2016, to meet a group of missionaries who had arrived from Florida to volunteer for 10 days at the compound that he and his wife, Amy, ran in the city of Yako; and

Whereas the people of the United States stand united with the family, friends, and colleagues of Michael James Riddering to support the individuals touched by his life or affected by his death and to pray for healing, understanding, and peace: Now, therefore, be it

Resolved, That the Senate—

(1) strongly condemns the terrorist attacks in Ouagadougou, Burkina Faso on January 15, 2016;

(2) honors the memory of Michael James Riddering, the United States citizen who was killed in the terrorist attack on the Cappuccino Café on January 15, 2016, in Ouagadougou, Burkina Faso;

(3) recognizes and honors the dedication of Michael James Riddering, who moved halfway across the world to work with orphans and widows in order to help them improve their lives and to contribute to their communities;

(4) extends sincere condolences and prayers to—

(A) the family, friends, and colleagues of Michael James Riddering, particularly his wife, Amy, and their children, Haley, Delaney, Biba, and Moise; and

(B) the individuals touched by the life of Michael James Riddering, including the dedicated aid workers, missionaries, and volunteers that continue to selflessly engage in important humanitarian and development efforts; and

(5) pledges to continue to work to counter violent extremism, including through education and community development, in the United States and abroad.

SENATE RESOLUTION 382—CONGRATULATING THE COMMUNITY COLLEGES OF IOWA FOR 50 YEARS OF OUTSTANDING SERVICE TO THE STATE OF IOWA, THE UNITED STATES, AND THE WORLD

Mr. GRASSLEY (for himself and Mrs. ERNST) submitted the following resolution; which was considered and agreed to:

S. RES. 382

Whereas Senate File 550 in the Iowa State Senate, which provided for the establishment and operation of area community colleges in Iowa, was signed into law by Governor Harold Hughes on June 7, 1965, creating a new community college system in Iowa;

Whereas each of the community colleges of Iowa was officially designated by the State Board of Education in 1966, including—

(1) Northeast Iowa Community College, North Iowa Area Community College, Northwest Iowa Community College, Iowa Central Community College, Southwestern Community College, and Indian Hills Community College on February 18, 1966;

(2) Hawkeye Community College, the Eastern Iowa Community Colleges, Kirkwood Community College, Des Moines Area Community College, and Iowa Western Community College on March 18, 1966;

(3) the Iowa Valley Community College District on April 29, 1966;

(4) Southeastern Community College on June 2, 1966;

(5) Western Iowa Tech Community College on August 19, 1966; and

(6) Iowa Lakes Community College on October 28, 1966;

Whereas, 50 years later, the community colleges of Iowa have grown to be the largest postsecondary institutions in the State, providing accessible and affordable education to a diverse range of students in Iowa and around the world;

Whereas, 50 years later, the community colleges of Iowa are leaders in delivering college parallel courses and career technical education programs to high schools students in Iowa;

Whereas, 50 years later, the community colleges of Iowa provide opportunities in adult literacy and basic education to low-skilled workers, immigrants, and refugees;

Whereas, 50 years later, the workforce of Iowa has nearly 25,000,000 credit hours and more than 138,000,000 contact hours of past and present community college training;

Whereas, 50 years later, the community colleges of Iowa lead the response to the specific workforce needs of communities in Iowa, including the ability for Iowa businesses to compete in global markets; and

Whereas, 50 years later, the community colleges of Iowa are the leaders in providing skills training for high-demand, high-paying, high-skilled occupations and career enhancement opportunities for Iowa workers: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates and commends the community colleges of Iowa for 50 years of—

(A) developing and sustaining accessible and quality higher education opportunities for all Iowans; and

(B) service to Iowa and the United States; and

(2) requests that the Secretary of the Senate transmit a copy of this resolution to—

(A) the Board Chair of the Iowa Association of Community College Trustees; and

(B) the Chair of the Iowa Association of Community College Presidents.

SENATE RESOLUTION 383—RECOGNIZING THE IMPORTANCE OF THE UNITED STATES-ISRAEL ECONOMIC RELATIONSHIP AND ENCOURAGING NEW AREAS OF COOPERATION

Mr. PERDUE (for himself, Mr. TESTER, and Mr. COONS) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 383

Whereas the deep bond between the United States and Israel is exemplified by its many facets, including the robust economic and commercial relationship;

Whereas, on April 22, 2015, the United States celebrated the 30th anniversary of its free trade agreement with Israel, which was the first free trade agreement entered into by the United States;

Whereas the United States-Israel Free Trade Agreement established the Joint Committee to facilitate the agreement and collaborate on efforts to increase bilateral cooperation and investment;

Whereas, since the signing of this agreement, two-way trade has multiplied tenfold to over $40,000,000,000 annually;

Whereas Israel is the third largest importer of United States goods in the Middle East and North Africa (MENA) region after Saudi Arabia and the United Arab Emirates, despite representing only 2 percent of the region's population;

Whereas nearly half of all investment in the United States from the MENA region comes from Israel;

Whereas Israel has more companies listed on the NASDAQ Stock Exchange than any other country except for the United States and China;

Whereas, in 1956, the United States-Israel Education Foundation was established to administer the Fulbright Program in Israel, and has facilitated the exchange of nearly 3,300 students between the United States and Israel since its inception;

Whereas, in 1972, the United States-Israel Binational Science Foundation (BSF) was established to promote scientific relations between the United States and Israel by supporting collaborative research projects in basic and applied scientific fields, and has generated investments of over $480,000,000 to over 4,000 projects since its inception;

Whereas Binational Science Foundation grant recipients have included 43 Nobel Laureates, 19 winners of the Albert Lasker Medical Research Award, and 38 recipients of the Wolf Prize;

Whereas, in 1977, the United States-Israel Binational Industrial Research and Development Foundation (BIRD) was established to stimulate, promote, and support non-defense industrial research and development of mutual benefit to both countries in agriculture, communications, life sciences, electronics, electro-optics, energy, healthcare information technology, homeland security, software, water, and other technologies, and has provided over $300,000,000 to over 700 joint projects since its inception;

Whereas recent successful BIRD projects include the ReWalk system that helps paraplegics walk, a medical teaching simulator for Laparoscopic Hysterectomies, and a new drug to treat chronic gout;

Whereas, in 1978, the United States-Israel Binational Agricultural Research and Development Fund was established as a competitive funding program for mutually beneficial, mission-oriented, strategic and applied research of agricultural problems conducted jointly by United States and Israeli scientists, and has provided over $250,000,000 to over 1,000 projects since its inception;

Whereas an independent review of the United States-Israel Binational Agricultural Research and Development Fund (BARD) estimated that the dollar benefits of just 10 of its projects through 2010 came to $440,000,000 in the United States and $300,000,000 in Israel, far exceeding total investment in the program;

Whereas, in 1984, the United States and Israel began convening the Joint Economic Development Group (JEDG) to regularly discuss economic conditions and identify new opportunities for collaboration;

Whereas, in 1994, the United States-Israel Science and Technology Foundation (USISTF) was established to promote the advancement of science and technology for mutual economic benefit and has developed joint research and development programs that reach 12 States;

Whereas the United States-Israel Innovation Index (USI3), which was developed by USISTF to track and benchmark innovation relationships, ranks the United States-Israel innovation relationship as top-tier;

Whereas, in 2007, the United States-Israel Binational Industrial Research and Development Foundation (BIRD) Energy program was established to provide support for joint United States-Israel research and development of renewable energy and energy efficiency, and has provided $18,000,000 to 20 joint projects since its founding;

Whereas, since 2011, the United States Department of Energy and the Israeli Ministry of National Infrastructures, Energy and Water Resources have led an annual United States-Israel Energy Meeting with participants across government agencies to facilitate bilateral cooperation in that sector;

Whereas, in 2012, Congress passed and President Barack Obama signed into law the United States-Israel Enhanced Security Cooperation Act of 2012 (Public Law 112–150), which set United States policy to expand bilateral cooperation across the spectrum of civilian sectors, including high technology, agriculture, medicine, health, pharmaceuticals, and energy;

Whereas, in 2013, President Obama said in reference to Israel's contribution to the global economy, ''That innovation is just as important to the relationship between the United States and Israel as our security cooperation.'';

Whereas, in 2014, Secretary of the Treasury Jacob Lew said, ''As one of the most technologically-advanced and innovative economies in the world, Israel is an important economic partner to the United States.'';

Whereas the 2014 Global Venture Capital Confidence Survey ranked the United States and Israel as the two countries with the highest levels of investor confidence in the world;

Whereas, in 2014, Congress passed and President Obama signed into law the United States-Israel Strategic Partnership Act of 2014 (Public Law 113–296), which deepened cooperation on energy, water, agriculture, trade, and defense, and expressed the sense of Congress that Israel is a major strategic partner of the United States; and

Whereas economic cooperation between the United States and Israel has also thrived at the State and local levels through both formal agreements and bilateral organizations in over 30 States that have encouraged new forms of cooperation in fields such as water conservation, cybersecurity, and alternative energy and farming technologies: Now, therefore, be it

Resolved, That the Senate—

(1) affirms that the United States-Israel economic partnership has achieved great tangible and intangible benefits to both countries and is a foundational component of the strong alliance;

(2) recognizes that science and technology innovation present promising new frontiers for United States-Israel economic cooperation, particularly in light of widespread drought, cybersecurity attacks, and other major challenges impacting the United States;

(3) encourages the President to regularize and expand existing forums of economic dialogue with Israel and foster both public and private sector participation; and

(4) expresses support for the President to explore new agreements with Israel, including in the fields of energy, water, agriculture, medicine, neurotechnology, and cybersecurity.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3351. 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.

SA 3352. Mrs. CAPITO (for herself and Mr. KING) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3353. Ms. WARREN (for herself and Mrs. CAPITO) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3354. Mrs. GILLIBRAND (for herself and Mrs. CAPITO) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3355. Mr. FLAKE submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3356. Mr. FLAKE submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3357. Mrs. SHAHEEN submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3358. Mr. CARDIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3359. Mr. CARDIN (for himself, Mr. BLUMENTHAL, and Mr. SANDERS) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3360. Mr. CARDIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3361. Mr. CARDIN (for himself and 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 3362. Mrs. FEINSTEIN (for herself and Mr. GRASSLEY) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3363. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3364. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3365. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3366. Mr. LANKFORD (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.

SA 3367. Mr. TOOMEY (for himself, Mr. BROWN, Mr. KAINE, and Mr. PORTMAN) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3368. Mr. CORNYN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3369. Mr. CORNYN (for himself and Mr. ALEXANDER) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3370. Mr. CORNYN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3371. 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.

SA 3372. Mr. HEINRICH (for himself and Mr. ENZI) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3373. Mrs. ERNST submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3374. Mr. DONNELLY (for himself and Mrs. CAPITO) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3375. Mr. REID (for Mrs. MCCASKILL (for herself and Mr. BLUNT)) submitted an amendment intended to be proposed by Mr. REID, of NV to the bill S. 524, supra; which was ordered to lie on the table.

SA 3376. Mr. KAINE (for himself and Mrs. CAPITO) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3377. 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 3378. Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, 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 3379. Ms. BALDWIN (for herself, Mr. MARKEY, and Mr. MENENDEZ) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3380. Mr. TESTER submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3381. Mr. MARKEY (for himself and Mr. PAUL) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3382. Mr. MARKEY (for himself and 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 3383. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3384. Mr. MARKEY submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3385. Mr. DAINES (for himself and Mr. PETERS) 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 3351. 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 48, line 19, insert after ''community organizations'' the following: '', and nonprofit organizations that demonstrate the capacity to provide recovery services to veterans,''.

SA 3352. Mrs. CAPITO (for herself and Mr. KING) 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 of title VII, add the following:

SEC. 705. MEDICAID PROVIDER PARTICIPATION CERTIFICATION FOR FACILITIES TREATING INFANTS UNDER 1 YEAR OF AGE WITH NEONATAL ABSTINENCE SYNDROME.

(a) GUIDELINES FOR CERTIFICATION FOR PARTICIPATION UNDER MEDICAID STATE PLANS OF CERTAIN FACILITIES TREATING INFANTS UNDER 1 YEAR OF AGE WITH NEONATAL ABSTINENCE SYNDROME.—

(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this section, the Secretary of Health and Human Services shall establish guidelines, in accordance with paragraph (2), for State agencies and recognized national listing or accrediting bodies to follow for purposes of certifying a residential pediatric recovery center as qualifying for a provider agreement for participation under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.). Notwithstanding any other provision of law, a residential pediatric recovery center may satisfy the requirements set forth in such guidelines, in lieu of any comparable requirements otherwise applicable to such a center for purposes of certification for participation under such a State plan.

(2) GUIDELINES DESCRIBED.—The guidelines established under paragraph (1) shall—

(A) provide for physical environment requirements and other necessary requirements specifically applicable to treating individuals who are under 1 year of age with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors; and

(B) take into account that certain physical environment requirements, and any other requirements, needed for centers or facilities treating adults may not be necessary for centers or facilities treating individuals described in subparagraph (A).

(3) RESIDENTIAL PEDIATRIC RECOVERY CENTER.—For purposes of this section, the term ''residential pediatric recovery center'' means a center or facility that furnishes items and services to infants who are under 1 year of age with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors and mothers of such infants.

(b) STATE LAW LICENSURE OF CERTAIN FACILITIES SATISFIES CERTIFICATION REQUIREMENTS.—Notwithstanding any other provision of law, in the case of a State that recognizes and licenses residential pediatric recovery centers (as defined in subsection (a)(3)), such a center that is licensed, in accordance with such State law, shall be treated as satisfying any comparable requirements otherwise applicable to such a center for purposes of certification for participation under the State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(c) SENSE OF CONGRESS.—It is the sense of Congress that residential pediatric recovery centers (as defined in subsection (a)(3)) should offer counseling and other services to mothers (and other appropriate family members and caretakers) of infants receiving treatment at such centers. Such services may include the following:

(1) Counseling or referrals for services.

(2) Activities to encourage mother-infant bonding.

(3) Training on caring for such infants.

(4) Activities to encourage transparency of relevant State mandatory reporting requirements.

SA 3353. Ms. WARREN (for herself and Mrs. CAPITO) 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 appropriate place, insert the following:

SEC. _____. PRESCRIPTIONS.

Section 309(a) of the Controlled Substances Act (21 U.S.C. 829(a)) is amended—

(1) by inserting ''(1) IN GENERAL.—'' before ''Except''; and

(2) by adding at the end the following:

''(2) PARTIAL FILLING OF PRESCRIPTIONS.—

''(A) IN GENERAL.—A prescription for a controlled substance in schedule II may be partially filled if—

''(i) it is requested by—

''(I) the practitioner that wrote the prescription by making a notation on the face of the written prescription, in the written record of the emergency oral prescription, or in the electronic prescription record; or

''(II) the patient;

''(ii) the pharmacist partially filling the prescription makes a notation of the partial filling and records it in the same manner as a filling of the prescription, in accordance with regulations prescribed by the Attorney General;

''(iii) the pharmacist partially filling the prescription updates the record each time the prescription is partially filled;

''(iv) the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed; and

''(v) the partial filling is not prohibited under the law of the State in which it occurs.

''(B) REMAINING PORTIONS.—Remaining portions of a partially filled prescription—

''(i) may be filled; and

''(ii) must be exhausted not later than 30 days after the date on which the prescription is issued, except in the case of a partially filled emergency prescription, the remaining portions of which must be exhausted not later than 72 hours after the prescription is issued.''.

SA 3354. Mrs. GILLIBRAND (for herself and Mrs. CAPITO) 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 appropriate place, insert the following:

SEC. ___. OPIOID PRESCRIPTION GUIDELINES.

Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall issue guidelines for the safe prescribing of opioids for the treatment of acute pain.

SA 3355. Mr. FLAKE 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. 705. COMPTROLLER GENERAL OF THE UNITED STATES STUDY ON VETERANS TREATMENT COURTS AND VETERANS JUSTICE OUTREACH PROGRAM.

(a) STUDY AND REPORT.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall—

(1) complete a study on the effectiveness of Veterans Treatment Courts and the Veterans Justice Outreach Program of the Department of Veterans Affairs; and

(2) submit to Congress a report on the findings of the Comptroller General with respect to the study completed under paragraph (1).

(b) ELEMENTS.—As part of the study required by subsection (a), the Comptroller General shall assess the following:

(1) The extent to which Veterans Treatment Courts—

(A) provide a benefit to veterans with a mental illness or substance abuse problem; and

(B) provide timely access to services furnished by the Veterans Health Administration.

(2) The number of Veterans Treatment Courts in operation.

(3) The number of Veterans Treatment Courts in the process of being established.

(4) Whether there are sufficient numbers of Veterans Justice Outreach Specialists assigned, under the Veterans Justice Outreach Program of the Department of Veterans Affairs, to Veterans Treatment Courts.

(5) The number of veterans assigned to each Veterans Justice Outreach Specialist that is assigned to a Veterans Treatment Court.

(6) Whether having additional Veterans Justice Outreach Specialists will allow veterans to better access services furnished by the Veterans Health Administration and will allow for the establishment of additional Veterans Treatment Courts.

SA 3356. Mr. FLAKE 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. _____. STUDY ON DRUG TRAFFICKING.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study and submit a report to Congress on the impact that the trafficking of narcotics, specifically opioids and methamphetamine, through States that border Mexico has on substance abuse of narcotics by the residents of such States.

SA 3357. Mrs. SHAHEEN 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 appropriate place, insert the following:

SEC. ___. CONTROLLED SUBSTANCE MONITORING PROGRAM.

(a) AMENDMENT TO NATIONAL ALL SCHEDULE PRESCRIPTION REPORTING ACT OF 2005.—Paragraph (1) of section 2 of the National All Schedules Prescription Electronic Reporting Act of 2005 (Public Law 109–60) is amended to read as follows:

''(1) foster the establishment of State-administered controlled substance monitoring systems in order to ensure that—

''(A) health care providers have access to the accurate, timely prescription history information that they may use as a tool for the early identification of patients at risk for addiction in order to initiate appropriate medical interventions and avert the tragic personal, family, and community consequences of untreated addiction; and

''(B) appropriate law enforcement, regulatory, and State professional licensing authorities have access to prescription history information for the purposes of investigating drug diversion and prescribing and dispensing practices of errant prescribers or pharmacists; and''.

(b) AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.—Section 399O of the Public Health Service Act (42 U.S.C. 280g–3) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (A), by striking ''or'';

(B) in subparagraph (B), by striking the period at the end and inserting ''; or''; and

(C) by adding at the end the following:

''(C) to maintain and operate an existing State-controlled substance monitoring program.'';

(2) by amending subsection (b) to read as follows:

''(b) MINIMUM REQUIREMENTS.—The Secretary shall maintain and, as appropriate, supplement or revise (after publishing proposed additions and revisions in the Federal Register and receiving public comments thereon) minimum requirements for criteria to be used by States for purposes of clauses (ii), (v), (vi), and (vii) of subsection (c)(1)(A).'';

(3) in subsection (c)—

(A) in paragraph (1)(B)—

(i) in the matter preceding clause (i), by striking ''(a)(1)(B)'' and inserting ''(a)(1)(B) or (a)(1)(C)'';

(ii) in clause (i), by striking ''program to be improved'' and inserting ''program to be improved or maintained'';

(iii) by redesignating clauses (iii) and (iv) as clauses (iv) and (v), respectively;

(iv) by inserting after clause (ii), the following:

''(iii) a plan to apply the latest advances in health information technology in order to incorporate prescription drug monitoring program data directly into the workflow of prescribers and dispensers to ensure timely access to patients' controlled prescription drug history;'';

(v) in clause (iv) (as so redesignated), by inserting before the semicolon the following: ''and at least one health information technology system such as electronic health records, health information exchanges, and e-prescribing systems''; and

(vi) in clause (v) (as so redesignated), by striking ''public health'' and inserting ''public health or public safety'';

(B) in paragraph (3)—

(i) by striking ''If a State that submits'' and inserting the following:

''(A) IN GENERAL.—If a State that submits'';

(ii) by inserting before the period at the end ''and include timelines for full implementation of such interoperability. The State shall also describe the manner in which it will achieve interoperability between its monitoring program and health information technology systems, as allowable under State law, and include timelines for the implementation of such interoperability''; and

(iii) by adding at the end the following:

''(B) MONITORING OF EFFORTS.—The Secretary shall monitor State efforts to achieve interoperability, as described in subparagraph (A).''; and

(C) in paragraph (5)—

(i) by striking ''implement or improve'' and inserting ''establish, improve, or maintain''; and

(ii) by adding at the end the following: ''The Secretary shall redistribute any funds that are so returned among the remaining grantees under this section in accordance with the formula described in subsection (a)(2)(B).'';

(4) in subsection (d)—

(A) in the matter preceding paragraph (1)—

(i) by striking ''In implementing or improving'' and all that follows through ''(a)(1)(B)'' and inserting ''In establishing, improving, or maintaining a controlled substance monitoring program under this section, a State shall comply, or with respect to a State that applies for a grant under subparagraph (B) or (C) of subsection (a)(1)''; and

(ii) by striking ''public health'' and inserting ''public health or public safety''; and

(B) by adding at the end the following:

''(5) The State shall report on interoperability with the controlled substance monitoring program of Federal agencies, where appropriate, interoperability with health information technology systems such as electronic health records, health information exchanges, and e-prescribing, where appropriate, and whether or not the State provides automatic, real-time or daily information about a patient when a practitioner (or the designee of a practitioner, where permitted) requests information about such patient.'';

(5) in subsections (e), (f)(1), and (g), by striking ''implementing or improving'' each place it appears and inserting ''establishing, improving, or maintaining'';

(6) in subsection (f)—

(A) in paragraph (1)(B) by striking ''misuse of a schedule II, III, or IV substance'' and inserting ''misuse of a controlled substance included in schedule II, III, or IV of section 202(c) of the Controlled Substances Act''; and

(B) by adding at the end the following:

''(3) EVALUATION AND REPORTING.—Subject to subsection (g), a State receiving a grant under subsection (a) shall provide the Secretary with aggregate data and other information determined by the Secretary to be necessary to enable the Secretary—

''(A) to evaluate the success of the State's program in achieving its purposes; or

''(B) to prepare and submit the report to Congress required by subsection (k)(2).

''(4) RESEARCH BY OTHER ENTITIES.—A department, program, or administration receiving nonidentifiable information under paragraph (1)(D) may make such information available to other entities for research purposes.'';

(7) by striking subsection (k);

(8) by redesignating subsections (h) through (j) as subsections (i) through (k), respectively;

(9) in subsections (c)(1)(A)(iv) and (d)(4), by striking ''subsection (h)'' each place it appears and inserting ''subsection (i)'';

(10) by inserting after subsection (g) the following:

''(h) EDUCATION AND ACCESS TO THE MONITORING SYSTEM.—A State receiving a grant under subsection (a) shall take steps to—

''(1) facilitate prescriber and dispenser use of the State's controlled substance monitoring system; and

''(2) educate prescribers and dispenser on the benefits of the system both to them and society.'';

(11) in subsection (k)(2)(A), as redesignated—

(A) in clause (ii), by striking ''or affected'' and inserting '', established or strengthened initiatives to ensure linkages to substance use disorder services, or affected''; and

(B) in clause (iii), by striking ''including an assessment'' and inserting ''between controlled substance monitoring programs and health information technology systems, and including an assessment'';

(12) in subsection (l)(1), by striking ''establishment, implementation, or improvement'' and inserting ''establishment, improvement, or maintenance'';

(13) in subsection (m)(8), by striking ''and the District of Columbia'' and inserting '', the District of Columbia, and any commonwealth or territory of the United States''; and

(14) by amending subsection (n), to read as follows:

''(n) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $7,000,000 for each of fiscal years 2016 through 2020.''.

SA 3358. Mr. CARDIN 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 38, line 19, strike ''other clinically appropriate services,'' and insert ''other clinically appropriate services and through the establishment of treatment centers that operate 24 hours a day, 7 days a week, to provide access to behavioral health treatment,''.

SA 3359. Mr. CARDIN (for himself, Mr. BLUMENTHAL, and Mr. SANDERS) 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. _____. GAO REPORT REGARDING NALOXONE.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on—

(1) the increase in the price of naloxone over the 5 years preceding the date of enactment of this Act; and

(2) the impact of such price increase on the ability of States and local health departments to reduce the number of deaths due to opioid overdose.

SA 3360. Mr. CARDIN 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 ____—DEMOCRACY RESTORATION ACT

SEC. ____1. SHORT TITLE.

This title may be cited as the ''Democracy Restoration Act of 2016''.

SEC. ____2. FINDINGS.

Congress makes the following findings:

(1) The right to vote is the most basic constitutive act of citizenship. Regaining the right to vote reintegrates individuals with criminal convictions into free society, helping to enhance public safety.

(2) Article I, section 4, of the Constitution grants Congress ultimate supervisory power over Federal elections, an authority which has repeatedly been upheld by the United States Supreme Court.

(3) Basic constitutional principles of fairness and equal protection require an equal opportunity for citizens of the United States to vote in Federal elections. The right to vote may not be abridged or denied by the United States or by any State on account of race, color, gender, or previous condition of servitude. The 13th, 14th, 15th, 19th, 24th, and 26th Amendments to the Constitution empower Congress to enact measures to protect the right to vote in Federal elections. The 8th Amendment to the Constitution provides for no excessive bail to be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

(4) There are 3 areas where discrepancies in State laws regarding criminal convictions lead to unfairness in Federal elections—

(A) the lack of a uniform standard for voting in Federal elections leads to an unfair disparity and unequal participation in Federal elections based solely on where a person lives;

(B) laws governing the restoration of voting rights after a criminal conviction vary throughout the country and persons in some States can easily regain their voting rights while in other States persons effectively lose their right to vote permanently; and

(C) State disenfranchisement laws disproportionately impact racial and ethnic minorities.

(5) Two States do not disenfranchise individuals with criminal convictions at all (Maine and Vermont), but 48 States and the District of Columbia have laws that deny convicted individuals the right to vote while they are in prison.

(6) In some States disenfranchisement results from varying State laws that restrict voting while individuals are under the supervision of the criminal justice system or after they have completed a criminal sentence. In 35 States, convicted individuals may not vote while they are on parole and 31 of those States disenfranchise individuals on felony probation as well. In 11 States, a conviction can result in lifetime disenfranchisement.

(7) Several States deny the right to vote to individuals convicted of certain misdemeanors.

(8) An estimated 5,850,000 citizens of the United States, or about 1 in 40 adults in the United States, currently cannot vote as a result of a felony conviction. Of the 5,850,000 citizens barred from voting, only 25 percent are in prison. By contrast, 75 percent of the disenfranchised reside in their communities while on probation or parole or after having completed their sentences. Approximately 2,600,000 citizens who have completed their sentences remain disenfranchised due to restrictive State laws. In 6 States—Alabama, Florida, Kentucky, Mississippi, Tennessee, and Virginia—more than 7 percent of the total population is disenfranchised.

(9) In those States that disenfranchise individuals post-sentence, the right to vote can be regained in theory, but in practice this possibility is often granted in a non-uniform and potentially discriminatory manner. Disenfranchised individuals must either obtain a pardon or an order from the Governor or an action by the parole or pardon board, depending on the offense and State. Individuals convicted of a Federal offense often have additional barriers to regaining voting rights.

(10) State disenfranchisement laws disproportionately impact racial and ethnic minorities. Eight percent of the African-American population, or 2,000,000 African-Americans, are disenfranchised. Given current rates of incarceration, approximately 1 in 3 of the next generation of African-American men will be disenfranchised at some point

during their lifetime. Currently, 1 of every 13 African-Americans are rendered unable to vote because of felony disenfranchisement, which is a rate 4 times greater than non African-Americans. 7.7 percent of African-Americans are disenfranchised whereas only 1.8 percent of non African-Americans are. In 3 States—Florida (23 percent), Kentucky (22 percent), and Virginia (20 percent)—more than 1 in 5 African-Americans are unable to vote because of prior convictions.

(11) Latino citizens are disproportionately disenfranchised based upon their disproportionate representation in the criminal justice system. If current incarceration trends hold, 17 percent of Latino men will be incarcerated during their lifetimes, in contrast to less than 6 percent of non-Latino White men. When analyzing the data across 10 States, Latinos generally have disproportionately higher rates of disenfranchisement compared to their presence in the voting age population. In 6 out of 10 States studied in 2003, Latinos constitute more than 10 percent of the total number of persons disenfranchised by State felony laws. In 4 States (California, 37 percent; New York, 34 percent; Texas, 30 percent; and Arizona, 27 percent), Latinos were disenfranchised by a rate of more than 25 percent.

(12) Disenfranchising citizens who have been convicted of a criminal offense and who are living and working in the community serves no compelling State interest and hinders their rehabilitation and reintegration into society.

(13) State disenfranchisement laws can suppress electoral participation among eligible voters by discouraging voting among family and community members of disenfranchised persons. Future electoral participation by the children of disenfranchised parents may be impacted as well.

(14) The United States is the only Western democracy that permits the permanent denial of voting rights for individuals with felony convictions.

SEC. ___3. RIGHTS OF CITIZENS.

The right of an individual who is a citizen of the United States to vote in any election for Federal office shall not be denied or abridged because that individual has been convicted of a criminal offense unless such individual is serving a felony sentence in a correctional institution or facility at the time of the election.

SEC. ___4. ENFORCEMENT.

(a) ATTORNEY GENERAL.—The Attorney General may, in a civil action, obtain such declaratory or injunctive relief as is necessary to remedy a violation of this title.

(b) PRIVATE RIGHT OF ACTION.—

(1) IN GENERAL.—A person who is aggrieved by a violation of this title may provide written notice of the violation to the chief election official of the State involved.

(2) RELIEF.—Except as provided in paragraph (3), if the violation is not corrected within 90 days after receipt of a notice under paragraph (1), or within 20 days after receipt of the notice if the violation occurred within 120 days before the date of an election for Federal office, the aggrieved person may, in a civil action, obtain declaratory or injunctive relief with respect to the violation.

(3) EXCEPTION.—If the violation occurred within 30 days before the date of an election for Federal office, the aggrieved person need not provide notice to the chief election official of the State under paragraph (1) before bringing a civil action to obtain declaratory or injunctive relief with respect to the violation.

SEC. ___5. NOTIFICATION OF RESTORATION OF VOTING RIGHTS.

(a) STATE NOTIFICATION.—

(1) NOTIFICATION.—On the date determined under paragraph (2), each State shall notify in writing any individual who has been convicted of a criminal offense under the law of that State that such individual has the right to vote in an election for Federal office pursuant to the Democracy Restoration Act of 2016 and may register to vote in any such election.

(2) DATE OF NOTIFICATION.—

(A) FELONY CONVICTION.—In the case of such an individual who has been convicted of a felony, the notification required under paragraph (1) shall be given on the date on which the individual—

(i) is sentenced to serve only a term of probation; or

(ii) is released from the custody of that State (other than to the custody of another State or the Federal Government to serve a term of imprisonment for a felony conviction).

(B) MISDEMEANOR CONVICTION.—In the case of such an individual who has been convicted of a misdemeanor, the notification required under paragraph (1) shall be given on the date on which such individual is sentenced by a State court.

(b) FEDERAL NOTIFICATION.—

(1) NOTIFICATION.—Any individual who has been convicted of a criminal offense under Federal law shall be notified in accordance with paragraph (2) that such individual has the right to vote in an election for Federal office pursuant to the Democracy Restoration Act of 2016 and may register to vote in any such election.

(2) DATE OF NOTIFICATION.—

(A) FELONY CONVICTION.—In the case of such an individual who has been convicted of a felony, the notification required under paragraph (1) shall be given—

(i) in the case of an individual who is sentenced to serve only a term of probation, by the Assistant Director for the Office of Probation and Pretrial Services of the Administrative Office of the United States Courts on the date on which the individual is sentenced; or

(ii) in the case of any individual committed to the custody of the Bureau of Prisons, by the Director of the Bureau of Prisons, during the period beginning on the date that is 6 months before such individual is released and ending on the date such individual is released from the custody of the Bureau of Prisons.

(B) MISDEMEANOR CONVICTION.—In the case of such an individual who has been convicted of a misdemeanor, the notification required under paragraph (1) shall be given on the date on which such individual is sentenced by a court established by an Act of Congress.

SEC. ___6. DEFINITIONS.

For purposes of this title:

(1) CORRECTIONAL INSTITUTION OR FACILITY.—The term ''correctional institution or facility'' means any prison, penitentiary, jail, or other institution or facility for the confinement of individuals convicted of criminal offenses, whether publicly or privately operated, except that such term does not include any residential community treatment center (or similar public or private facility).

(2) ELECTION.—The term ''election'' means—

(A) a general, special, primary, or runoff election;

(B) a convention or caucus of a political party held to nominate a candidate;

(C) a primary election held for the selection of delegates to a national nominating convention of a political party; or

(D) a primary election held for the expression of a preference for the nomination of persons for election to the office of President.

(3) FEDERAL OFFICE.—The term ''Federal office'' means the office of President or Vice President of the United States, or of Senator or Representative in, or Delegate or Resident Commissioner to, the Congress of the United States.

(4) PROBATION.—The term ''probation'' means probation, imposed by a Federal, State, or local court, with or without a condition on the individual involved concerning—

(A) the individual's freedom of movement;

(B) the payment of damages by the individual;

(C) periodic reporting by the individual to an officer of the court; or

(D) supervision of the individual by an officer of the court.

SEC. ___7. RELATION TO OTHER LAWS.

(a) STATE LAWS RELATING TO VOTING RIGHTS.—Nothing in this title shall be construed to prohibit the States from enacting any State law which affords the right to vote in any election for Federal office on terms less restrictive than those established by this title.

(b) CERTAIN FEDERAL ACTS.—The rights and remedies established by this title are in addition to all other rights and remedies provided by law, and neither rights and remedies established by this title shall supersede, restrict, or limit the application of the Voting Rights Act of 1965 (42 U.S.C. 1973 et seq.) or the National Voter Registration Act (42 U.S.C. 1973–gg).

SEC. ___8. FEDERAL PRISON FUNDS.

No State, unit of local government, or other person may receive or use, to construct or otherwise improve a prison, jail, or other place of incarceration, any Federal funds unless that person has in effect a program under which each individual incarcerated in that person's jurisdiction who is a citizen of the United States is notified, upon release from such incarceration, of that individual's rights under section ___3.

SEC. ___9. EFFECTIVE DATE.

This title shall apply to citizens of the United States voting in any election for Federal office held after the date of the enactment of this title.

SA 3361. Mr. CARDIN (for himself and 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:

At the appropriate place, insert the following:

SEC. ___. MEDICARE PAYMENT FOR THERAPY SERVICES.

(a) REPEAL OF THERAPY CAP AND 1-YEAR EXTENSION OF THRESHOLD FOR MANUAL MEDICAL REVIEW.—Section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)) is amended—

(1) in paragraph (4)—

(A) by striking ''This subsection'' and inserting ''Except as provided in paragraph (5)(C)(iii), this subsection''; and

(B) by inserting the following before the period at the end: ''or with respect to services furnished on or after the date of enactment of subsection (aa)''; and

(2) in paragraph (5)—

(A) in subparagraph (A), in the first sentence, by striking ''December 31, 2017'' and inserting ''the date of enactment of the Comprehensive Addiction and Recovery Act of 2016''; and

(B) in subparagraph (C), by adding at the end the following new clause:

''(iii) Beginning on the date of enactment of subsection (aa) and ending on the day before the date of the implementation of such subsection, the manual medical review process described in clause (i), subject to subparagraph (E), shall apply with respect to expenses incurred in a year for services described in paragraphs (1) and (3) (including services described in subsection (a)(8)(B)) that exceed the threshold described in clause (ii) for the year.''; and

(3) in paragraph (6)(A)—

(A) by striking ''December 31, 2017'' and inserting ''the date of enactment of the Comprehensive Addiction and Recovery Act of 2016''; and

(B) by striking ''2012 through 2017'' and inserting ''the period beginning on January 1, 2012, and ending on such date of enactment''.

(b) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—

(1) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—Section 1833 of the Social Security Act (42 U.S.C. 13951) is amended by adding at the end the following new subsection:

''(aa) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—

''(1) IN GENERAL.—

''(A) PROCESS FOR MEDICAL REVIEW.—The Secretary shall implement a process for the medical review (as described in paragraph (2)) of outpatient therapy services (as defined in paragraph (10)) and, subject to paragraph (12), apply such process to such services furnished on or after the date that is 12 months after the date of enactment of this subsection, focusing on services identified under subparagraph (B).

''(B) IDENTIFICATION OF SERVICES FOR REVIEW.—Under the process, the Secretary shall identify services for medical review, using such factors as the Secretary determines appropriate, which may include the following:

''(i) Services furnished by a therapy provider (as defined in paragraph (10)) who, in a prior period, has had a high claims denial percentage or is less compliant with other applicable requirements under this title.

''(ii) Services furnished by a therapy provider whose pattern of billing is aberrant compared to peers or otherwise has questionable billing practices, such as billing medically unlikely units of services in a day.

''(iii) Services furnished by a therapy provider that is newly enrolled under this title or has not previously furnished therapy services under this part.

''(iv) Services furnished to treat a type of medical condition.

''(v) Services identified by use of the standardized data elements required to be reported under section 1834(t).

''(vi) Services furnished by a therapy provider who is part of a group that includes a therapy provider identified by factors described in this subparagraph.

''(vii) Other services as determined appropriate by the Secretary.

''(2) MEDICAL REVIEW.—

''(A) PRIOR AUTHORIZATION MEDICAL REVIEW.—

''(i) IN GENERAL.—Subject to the succeeding provisions of this subparagraph, the Secretary shall use prior authorization medical review for outpatient therapy services furnished to an individual above one or more thresholds established by the Secretary, such as a dollar threshold or a threshold based on other factors.

''(ii) ENDING APPLICATION OF PRIOR AUTHORIZATION FOR A THERAPY PROVIDER.—The Secretary shall end the application of prior authorization medical review to outpatient therapy services furnished by a therapy provider if the Secretary determines that the provider has a low denial rate under such prior authorization. The Secretary may subsequently reapply prior authorization medical review to such therapy provider if the Secretary determines it to be appropriate.

''(iii) PRIOR AUTHORIZATION OF MULTIPLE SERVICES.—The Secretary shall, where practicable, provide for prior authorization medical review for multiple services at a single time, such as services in a therapy plan of care described in section 1861(p)(2).

''(B) OTHER TYPES OF MEDICAL REVIEW.—The Secretary may use pre-payment review or post-payment review for services identified under paragraph (1)(B) that are not subject to prior authorization medical review under subparagraph (A).

''(C) RELATIONSHIP TO LAW ENFORCEMENT ACTIVITIES.—The Secretary may determine that medical review under this subsection does not apply in the case where potential fraud may be involved.

''(3) REVIEW CONTRACTORS.—The Secretary shall conduct prior authorization medical review of outpatient therapy services under this subsection using medicare administrative contractors (as described in section 1874A) or other review contractors (other than contractors under section 1893(h) or other contractors paid on a contingent basis).

''(4) NO PAYMENT WITHOUT PRIOR AUTHORIZATION.—With respect to an outpatient therapy service for which prior authorization medical review under this subsection applies, the following shall apply:

''(A) PRIOR AUTHORIZATION DETERMINATION.—The Secretary shall make a determination, prior to the service being furnished, of whether the service would or would not meet the applicable requirements of section 1862(a)(1)(A).

''(B) DENIAL OF PAYMENT.—Subject to paragraph (6), no payment shall be made under this part for the service unless the Secretary determines pursuant to subparagraph (A) that the service would meet the applicable requirements of such section.

''(5) SUBMISSION OF INFORMATION.—A therapy provider may submit the information necessary for medical review by fax, by mail, or by electronic means. The Secretary shall make available the electronic means described in the preceding sentence as soon as practicable, but not later than 24 months after the date of enactment of this subsection.

''(6) TIMELINESS.—If the Secretary does not make a prior authorization determination under paragraph (4)(A) within 10 business days of the date of the Secretary's receipt of medical documentation needed to make such determination, paragraph (4)(B) shall not apply.

''(7) CONSTRUCTION.—With respect to an outpatient therapy service that has been affirmed by medical review under this subsection, nothing in this subsection shall be construed to preclude the subsequent denial of a claim for such service that does not meet other applicable requirements under this Act or any other provision of law.

''(8) BENEFICIARY PROTECTIONS.—In the case where payment may not be made as a result of application of medical review under this subsection, section 1879 shall apply in the same manner as such section applies to a denial that is made by reason of section 1862(a)(1).

''(9) IMPLEMENTATION.—

''(A) AUTHORITY.—The Secretary may implement the provisions of this subsection by interim final rule with comment period.

''(B) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to medical review under this subsection.

''(C) LIMITATION.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the identification of services for medical review or the process for medical review under this subsection.

''(10) DEFINITIONS.—For purposes of this subsection:

''(A) OUTPATIENT THERAPY SERVICES.—The term 'outpatient therapy services' means the following services for which payment is made under section 1848, 1834(g), or 1834(k):

''(i) Physical therapy services of the type described in section 1861(p).

''(ii) Speech-language pathology services of the type described in such section though the application of section 1861(ll)(2).

''(iii) Occupational therapy services of the type described in section 1861(p) through the operation of section 1861(g).

''(B) THERAPY PROVIDER.—The term 'therapy provider' means a provider of services (as defined in section 1861(u)) or a supplier (as defined in section 1861(d)) who submits a claim for outpatient therapy services.

''(11) FUNDING.—For purposes of implementing this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $35,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each fiscal year (beginning with fiscal year 2016). Amounts transferred under this paragraph shall remain available until expended.

''(12) SCALING BACK.—

''(A) PERIODIC DETERMINATIONS.—Beginning with 2020, and every two years thereafter, the Secretary shall—

''(i) make a determination of the improper payment rate for outpatient therapy services for a 12-month period; and

''(ii) make such determination publicly available.

''(B) SCALING BACK.—If the improper payment rate for outpatient therapy services determined for a 12-month period under subparagraph (A) is 50 percent or less of the Medicare fee-for-service improper payment rate for such period, the Secretary shall—

''(i) reduce the amount and extent of medical review conducted for a prospective year under the process established in this subsection; and

''(ii) return an appropriate portion of the funding provided for such year under paragraph (11).''.

(2) GAO STUDY AND REPORT.—

(A) STUDY.—The Comptroller General of the United States shall conduct a study on the effectiveness of medical review of outpatient therapy services under section 1833(aa) of the Social Security Act, as added by paragraph (1). Such study shall include an analysis of—

(i) aggregate data on—

(I) the number of individuals, therapy providers, and claims subject to such review; and

(II) the number of reviews conducted under such section; and

(ii) the outcomes of such reviews.

(B) REPORT.—Not later than 3 years after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study under subparagraph (A), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(c) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—

(1) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

''(t) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—

''(1) STANDARDIZED DATA ELEMENTS.—

''(A) IN GENERAL.—Not later than 6 months after the date of enactment of this subsection, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a draft list of standardized data elements for individuals receiving outpatient therapy services.

''(B) CATEGORIES.—

''(i) IN GENERAL.—Such standardized data elements shall include information with respect to the following categories, as determined appropriate by the Secretary:

''(I) Functional status.

''(II) Demographic information.

''(III) Diagnosis.

''(IV) Severity.

''(V) Affected body structures and functions.

''(VI) Limitations with activities of daily living and participation.

''(VII) Other categories determined to be appropriate by the Secretary.

''(ii) ALIGNMENT WITH CATEGORIES FOR REPORTING OF ASSESSMENT DATA UNDER IMPACT.—The Secretary shall, as appropriate, align the functional status category under subclause (I) of clause (i) and the other categories under subclauses (II) through (VII) of such clause with the categories described in clauses (i) through (vi) of section 1899B(b)(1)(B).

''(C) SOLICITATION OF INPUT.—The Secretary shall accept input from stakeholders through the date that is 60 days after the date the Secretary posts the draft list of standardized data elements pursuant to subparagraph (A). In seeking such input, the Secretary shall use one or more mechanisms to solicit input from stakeholders that may include use of open door forums, town hall meetings, requests for information, or other mechanisms determined appropriate by the Secretary.

''(D) OPERATIONAL LIST OF STANDARDIZED DATA ELEMENTS.—Not later than 120 days after the end of the period for accepting input described in subparagraph (C), the Secretary, taking into account such input, shall post on the Internet website of the Centers for Medicare & Medicaid Services an operational list of standardized data elements.

''(E) SUBSEQUENT REVISIONS.—Subsequent revisions to the operational list of standardized data elements shall be made through rulemaking. Such revisions may be based on experience and input from stakeholders.

''(2) SYSTEM TO REPORT STANDARDIZED DATA ELEMENTS.—

''(A) IN GENERAL.—Not later than 18 months after the date the Secretary posts the operational list of standardized data elements pursuant to paragraph (1)(D), the Secretary shall develop and implement an electronic system (which may be a web portal) for therapy providers to report the standardized data elements for individuals with respect to outpatient therapy services.

''(B) STAKEHOLDER INPUT.—The Secretary shall seek input from stakeholders regarding the best way to report the standardized data elements under this subsection.

''(3) REPORTING.—

''(A) FREQUENCY OF REPORTING.—

''(i) IN GENERAL.—Subject to clauses (ii) and (iii), the Secretary shall specify the frequency of reporting standardized data elements under this subsection.

''(ii) STAKEHOLDER INPUT.—The Secretary shall seek input from stakeholders regarding the frequency of the reporting of such data elements.

''(iii) ALIGNMENT WITH FREQUENCY FOR REPORTING OF ASSESSMENT DATA UNDER IMPACT.—The Secretary shall, as appropriate, align the frequency of the reporting of such data elements with respect to an individual under this subsection with the frequency in which data is required to be submitted with respect to an individual under the second sentence of section 1899B(b)(1)(A).

''(B) REPORTING REQUIREMENT.—Beginning on the date the system to report standardized data elements under this subsection is operational, no payment shall be made under this part for outpatient therapy services furnished to an individual unless a therapy provider reports the standardized data elements for such individual.

''(4) REPORT ON NEW PAYMENT SYSTEM FOR OUTPATIENT THERAPY SERVICES.—

''(A) IN GENERAL.—Not later than 24 months after the date described in paragraph (3)(B), the Secretary shall submit to Congress a report on the design of a new payment system for outpatient therapy services. The report shall include an analysis of the standardized data elements collected and other appropriate data and information.

''(B) FEATURES.—Such report shall consider—

''(i) appropriate adjustments to payment (such as case mix and outliers);

''(ii) payments on an episode of care basis; and

''(iii) reduced payment for multiple episodes.

''(C) CONSULTATION.—The Secretary shall consult with stakeholders regarding the design of such a new payment system.

''(5) IMPLEMENTATION.—

''(A) FUNDING.—For purposes of implementing this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $7,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2016 through 2020. Amounts transferred under this subparagraph shall remain available until expended.

''(B) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to specification of the standardized data elements and implementation of the system to report such standardized data elements under this subsection.

''(C) LIMITATION.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the specification of standardized data elements required under this subsection or the system to report such standardized data elements.

''(D) DEFINITION OF OUTPATIENT THERAPY SERVICES AND THERAPY PROVIDER.—In this subsection, the terms 'outpatient therapy services' and 'therapy provider' have the meaning given those terms in section 1833(aa).''.

(2) SUNSET OF CURRENT CLAIMS-BASED COLLECTION OF THERAPY DATA.—Section 3005(g)(1) of the Middle Class Tax Extension and Job Creation Act of 2012 (42 U.S.C. 1395l note) is amended, in the first sentence, by inserting ''and ending on the date the system to report standardized data elements under section 1834(t) of the Social Security Act (42 U.S.C. 1395m(t)) is implemented,'' after ''January 1, 2013,''.

(d) REPORTING OF CERTAIN INFORMATION.—Section 1842(t) of the Social Security Act (42 U.S.C. 1395u(t)) is amended by adding at the end the following new paragraph:

''(3) Each request for payment, or bill submitted, by a therapy provider (as defined in section 1833(aa)(10)) for an outpatient therapy service (as defined in such section) furnished by a therapy assistant on or after January 1, 2018, shall include (in a form and manner specified by the Secretary) an indication that the service was furnished by a therapy assistant.''.

SA 3362. Mrs. FEINSTEIN (for herself and Mr. GRASSLEY) 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 ____—TRANSNATIONAL DRUG TRAFFICKING ACT

SEC. 01. SHORT TITLE.

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

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

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

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

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

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

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

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

SEC. __03. TRAFFICKING IN COUNTERFEIT GOODS OR SERVICES.

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

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

(2) in section 2320—

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

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

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

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

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

SA 3363. Ms. COLLINS 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:

SEC. _____. GUIDANCE REGARDING GENERIC DRUGS WITH ABUSE-DETERRENT PROPERTIES.

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, shall issue guidance regarding the development and testing of drugs that have abuse-deterrent properties and may be submitted for approval under section 505(j) of the Federal

Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)).

SA 3364. Ms. COLLINS 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 appropriate place in title I, insert the following:

SEC. ___. SAFE STORAGE OF PRESCRIPTION MEDICINES.

(a) GUIDELINES.—The Director of the Centers for Disease Control and Prevention shall issue guidelines for health care providers regarding the safe storage of prescription medications in the home.

(b) STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study on how individuals who seek treatment, through Federal programs, for opioid abuse or overdose obtain prescription medications.

(2) REPORT.—The Comptroller General shall submit a report containing the results of the study to Congress.

SA 3365. Ms. COLLINS 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:

In section 101, strike subsection (c)(5) and all that follows through the end of the section, and insert the following:

(5) representatives of hospitals;

(6) representatives of—

(A) pain management professional organizations;

(B) the mental health treatment community;

(C) the addiction treatment community;

(D) pain advocacy groups;

(E) groups with expertise around overdose reversal;

(F) State agencies that manage State prescription drug monitoring programs; and

(G) State agencies that administer grants under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.); and

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

(d) DUTIES.—The task force shall—

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

(A) existing pain management research;

(B) recommendations from relevant conferences and existing relevant evidence-based guidelines;

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

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

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

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

(E) whether the State prescription drug monitoring programs are sufficiently available, functional, and useful to be integrated into the process for prescribing pain medication; and

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

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

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

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

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

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

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

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

(g) GAO REPORT ON STATE PRESCRIPTION DRUG MONITORING PROGRAMS.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall prepare and submit to Congress a report examining the variations that exist across State prescription drug monitoring programs. In preparing the report, the Comptroller General shall determine best practices among State prescription drug monitoring programs, and examine State strategies to increase queries to such programs by health care providers. The Comptroller General shall include in the report recommendations about how the best practices may be replicated in other State prescription drug monitoring programs and whether there should be Federal minimum standards in place to facilitate access to, requests for data to, data transmission from, and information exchange among the programs.

SA 3366. Mr. LANKFORD (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:

On page 4, line 20, after the period insert the following: ''As such, in order to stem the tide of heroin coming into the United States, interdiction at the Mexican border must be a priority.''.

SA 3367. Mr. TOOMEY (for himself, Mr. BROWN, Mr. KAINE, and Mr. PORTMAN) 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. ___. PROGRAMS TO PREVENT PRESCRIPTION DRUG ABUSE UNDER THE MEDICARE PROGRAM.

(a) DRUG MANAGEMENT PROGRAM FOR AT-RISK BENEFICIARIES.—

(1) IN GENERAL.—Section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–104(c)) is amended by adding at the end the following:

''(5) DRUG MANAGEMENT PROGRAM FOR AT-RISK BENEFICIARIES.—

''(A) AUTHORITY TO ESTABLISH.—A PDP sponsor may establish a drug management program for at-risk beneficiaries under which, subject to subparagraph (B), the PDP sponsor may, in the case of an at-risk beneficiary for prescription drug abuse who is an enrollee in a prescription drug plan of such PDP sponsor, limit such beneficiary's access to coverage for frequently abused drugs under such plan to frequently abused drugs that are prescribed for such beneficiary by a prescriber (or prescribers) selected under subparagraph (D), and dispensed for such beneficiary by a pharmacy (or pharmacies) selected under such subparagraph.

''(B) REQUIREMENT FOR NOTICES.—

''(i) IN GENERAL.—A PDP sponsor may not limit the access of an at-risk beneficiary for prescription drug abuse to coverage for frequently abused drugs under a prescription drug plan until such sponsor—

''(I) provides to the beneficiary an initial notice described in clause (ii) and a second notice described in clause (iii); and

''(II) verifies with the providers of the beneficiary that the beneficiary is an at-risk beneficiary for prescription drug abuse, as described in subparagraph (C)(iv).

''(ii) INITIAL NOTICE.—An initial written notice described in this clause is a notice that provides to the beneficiary—

''(I) notice that the PDP sponsor has identified the beneficiary as potentially being an at-risk beneficiary for prescription drug abuse;

''(II) information, when possible, describing State and Federal public health resources that are designed to address prescription drug abuse to which the beneficiary may have access, including substance use disorder treatment services, addiction treatment services, mental health services, and other counseling services;

''(III) a request for the beneficiary to submit to the PDP sponsor preferences for which prescribers and pharmacies the beneficiary would prefer the PDP sponsor to select under subparagraph (D) in the case that the beneficiary is identified as an at-risk beneficiary for prescription drug abuse as described in clause (iii)(I);

''(IV) an explanation of the meaning and consequences of the identification of the beneficiary as potentially being an at-risk beneficiary for prescription drug abuse, including an explanation of the drug management program established by the PDP sponsor pursuant to subparagraph (A);

''(V) clear instructions that explain how the beneficiary can contact the PDP sponsor in order to submit to the PDP sponsor the preferences described in subclause (IV) and any other communications relating to the drug management program for at-risk beneficiaries established by the PDP sponsor;

''(VI) contact information for other organizations that can provide the beneficiary with information regarding drug management program for at-risk beneficiaries (similar to the information provided by the Secretary in other standardized notices to part D eligible individuals enrolled in prescription drug plans under this part); and

''(VII) notice that the beneficiary has a right to an appeal pursuant to subparagraph (E).

''(iii) SECOND NOTICE.—A second written notice described in this clause is a notice that provides to the beneficiary notice—

''(I) that the PDP sponsor has identified the beneficiary as an at-risk beneficiary for prescription drug abuse;

''(II) that such beneficiary has been sent, or informed of, such identification in the initial notice and is now subject to the requirements of the drug management program for at-risk beneficiaries established by such PDP sponsor for such plan;

''(III) of the prescriber and pharmacy selected for such individual under subparagraph (D);

''(IV) of, and information about, the right of the beneficiary to a reconsideration and an appeal under subsection (h) of such identification and the prescribers and pharmacies selected;

''(V) that the beneficiary can, in the case that the beneficiary has not previously submitted to the PDP sponsor preferences for which prescribers and pharmacies the beneficiary would prefer the PDP sponsor select under subparagraph (D), submit such preferences to the PDP sponsor; and

''(VI) that includes clear instructions that explain how the beneficiary can contact the PDP sponsor in order to submit to the PDP sponsor the preferences described in subclause (V).

''(iv) TIMING OF NOTICES.—

''(I) IN GENERAL.—Subject to subclause (II), a second written notice described in clause (iii) shall be provided to the beneficiary on a date that is not less than 30 days after an initial notice described in clause (ii) is provided to the beneficiary.

''(II) EXCEPTION.—In the case that the PDP sponsor, in conjunction with the Secretary, determines that concerns identified through rulemaking by the Secretary regarding the health or safety of the beneficiary or regarding significant drug diversion activities require the PDP sponsor to provide a second notice described in clause (iii) to the beneficiary on a date that is earlier than the date described in subclause (II), the PDP sponsor may provide such second notice on such earlier date.

''(III) FORM OF NOTICE.—The written notices under clauses (ii) and (iii) shall be in a format determined appropriate by the Secretary, taking into account beneficiary preferences.

''(C) AT-RISK BENEFICIARY FOR PRESCRIPTION DRUG ABUSE.—

''(i) IN GENERAL.—For purposes of this paragraph, the term 'at-risk beneficiary for prescription drug abuse' means a part D eligible individual who is not an exempted individual described in clause (ii) and—

''(I) who is identified through criteria developed by the Secretary in consultation with PDP sponsors and other stakeholders described in subsection section ____(g)(2)(A) of the Comprehensive Addiction and Recovery Act of 2016 based on clinical factors indicating misuse or abuse of prescription drugs described in subparagraph (G), including dosage, quantity, duration of use, number of and reasonable access to prescribers, and number of and reasonable access to pharmacies used to obtain such drug; or

''(II) with respect to whom the PDP sponsor of a prescription drug plan, upon enrolling such individual in such plan, received notice from the Secretary that such individual was identified under this paragraph to be an at-risk beneficiary for prescription drug abuse under a prescription drug plan in which such individual was previously enrolled and such identification has not been terminated under subparagraph (F).

''(ii) EXEMPTED INDIVIDUAL DESCRIBED.—An exempted individual described in this clause is an individual who—

''(I) receives hospice care under this title;

''(II) resides in a long-term care facility, a facility described in section 1905(d), or other facility under contract with a single pharmacy; or

''(III) the Secretary elects to treat as an exempted individual for purposes of clause (i).

''(iii) PROGRAM SIZE.—The Secretary shall establish policies, including the criteria developed under clause (i)(I) and the exemptions under clause (ii)(III), to ensure that the population of enrollees in a drug management program for at-risk beneficiaries operated by a prescription drug plan can be effectively managed by such plans.

''(iv) CLINICAL CONTACT.—With respect to each at-risk beneficiary for prescription drug abuse enrolled in a prescription drug plan offered by a PDP sponsor, the PDP sponsor shall contact the beneficiary's providers who have prescribed frequently abused drugs regarding whether prescribed medications are appropriate for such beneficiary's medical conditions.

''(D) SELECTION OF PRESCRIBERS.—

''(i) IN GENERAL.—With respect to each at-risk beneficiary for prescription drug abuse enrolled in a prescription drug plan offered by such sponsor, a PDP sponsor shall, based on the preferences submitted to the PDP sponsor by the beneficiary pursuant to clauses (ii)(III) and (iii)(V) of subparagraph (B) if applicable, select—

''(I) one, or, if the PDP sponsor reasonably determines it necessary to provide the beneficiary with reasonable access under clause (ii), more than one, individual who is authorized to prescribe frequently abused drugs (referred to in this paragraph as a 'prescriber') who may write prescriptions for such drugs for such beneficiary; and

''(II) one, or, if the PDP sponsor reasonably determines it necessary to provide the beneficiary with reasonable access under clause (ii), more than one, pharmacy that may dispense such drugs to such beneficiary.

''(ii) REASONABLE ACCESS.—In making the selection under this subparagraph, a PDP sponsor shall ensure, taking into account geographic location, beneficiary preference, impact on cost-sharing, and reasonable travel time, that the beneficiary continues to have reasonable access to drugs described in subparagraph (G), including—

''(I) for individuals with multiple residences; and

''(II) in the case of natural disasters and similar emergency situations.

''(iii) BENEFICIARY PREFERENCES.—

''(I) IN GENERAL.—If an at-risk beneficiary for prescription drug abuse submits preferences for which in-network prescribers and pharmacies the beneficiary would prefer the PDP sponsor select in response to a notice under subparagraph (B), the PDP sponsor shall—

''(aa) review such preferences;

''(bb) select or change the selection of a prescriber or pharmacy for the beneficiary based on such preferences; and

''(cc) inform the beneficiary of such selection or change of selection.

''(II) EXCEPTION.—In the case that the PDP sponsor determines that a change to the selection of a prescriber or pharmacy under item (bb) by the PDP sponsor is contributing or would contribute to prescription drug abuse or drug diversion by the beneficiary, the PDP sponsor may change the selection of a prescriber or pharmacy for the beneficiary. If the PDP sponsor changes the selection pursuant to the preceding sentence, the PDP sponsor shall provide the beneficiary with—

''(aa) at least 30 days written notice of the change of selection; and

''(bb) a rationale for the change.

''(III) TIMING.—An at-risk beneficiary for prescription drug abuse may choose to express their prescriber and pharmacy preference and communicate such preference to their PDP sponsor at any date while enrolled in the program, including after a second notice under subparagraph (B)(iii) has been provided.

''(iv) CONFIRMATION.—Before selecting a prescriber or pharmacy under this subparagraph, a PDP sponsor must notify the prescriber and pharmacy that the beneficiary involved has been identified for inclusion in the drug management program for at-risk beneficiaries and that the prescriber and pharmacy has been selected as the beneficiary's designated prescriber and pharmacy.

''(E) APPEALS.—The identification of an individual as an at-risk beneficiary for prescription drug abuse under this paragraph, a coverage determination made under a drug management program for at-risk beneficiaries, and the selection of a prescriber or pharmacy under subparagraph (D) with respect to such individual shall be subject to an expedited reconsideration and appeal pursuant to subsection (h).

''(F) TERMINATION OF IDENTIFICATION.—

''(i) IN GENERAL.—The Secretary shall develop standards for the termination of identification of an individual as an at-risk beneficiary for prescription drug abuse under this paragraph. Under such standards such identification shall terminate as of the earlier of—

''(I) the date the individual demonstrates that the individual is no longer likely, in the absence of the restrictions under this paragraph, to be an at-risk beneficiary for prescription drug abuse described in subparagraph (C)(i); or

''(II) the end of such maximum period of identification as the Secretary may specify.

''(ii) RULE OF CONSTRUCTION.—Nothing in clause (i) shall be construed as preventing a plan from identifying an individual as an at-risk beneficiary for prescription drug abuse under subparagraph (C)(i) after such termination on the basis of additional information on drug use occurring after the date of notice of such termination.

''(G) FREQUENTLY ABUSED DRUG.—For purposes of this subsection, the term 'frequently abused drug' means a drug that is determined by the Secretary to be frequently abused or diverted and that is—

''(i) a Controlled Drug Substance in Schedule CII; or

''(ii) within the same class or category of drugs as a Controlled Drug Substance in Schedule CII, as determined through notice and comment rulemaking.

''(H) DATA DISCLOSURE.—

''(i) DATA ON DECISION TO IMPOSE LIMITATION.—In the case of an at-risk beneficiary for prescription drug abuse (or an individual who is a potentially at-risk beneficiary for prescription drug abuse) whose access to coverage for frequently abused drugs under a prescription drug plan has been limited by a PDP sponsor under this paragraph, the Secretary shall establish rules and procedures to require such PDP sponsor to disclose data, including necessary individually identifiable health information, about the decision to impose such limitations and the limitations imposed by the PDP sponsor under this part.

''(ii) DATA TO REDUCE FRAUD, ABUSE, AND WASTE.—The Secretary shall establish rules and procedures to require PDP sponsors operating a drug management program for at-risk beneficiaries under this paragraph to provide the Secretary with such data as the Secretary determines appropriate for purposes of identifying patterns of prescription drug utilization for plan enrollees that are

outside normal patterns and that may indicate fraudulent, medically unnecessary, or unsafe use.

''(I) SHARING OF INFORMATION FOR SUBSEQUENT PLAN ENROLLMENTS.—The Secretary shall establish procedures under which PDP sponsors who offer prescription drug plans shall share information with respect to individuals who are at-risk beneficiaries for prescription drug abuse (or individuals who are potentially at-risk beneficiaries for prescription drug abuse) and enrolled in a prescription drug plan and who subsequently disenroll from such plan and enroll in another prescription drug plan offered by another PDP sponsor.

''(J) PRIVACY ISSUES.—Prior to the implementation of the rules and procedures under this paragraph, the Secretary shall clarify privacy requirements, including requirements under the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), related to the sharing of data under subparagraphs (H) and (I) by PDP sponsors. Such clarification shall provide that the sharing of such data shall be considered to be protected health information in accordance with the requirements of the regulations promulgated pursuant to such section 264(c).

''(K) EDUCATION.—The Secretary shall provide education to enrollees in prescription drug plans of PDP sponsors and providers regarding the drug management program for at-risk beneficiaries described in this paragraph, including education—

''(i) provided through the improper payment outreach and education program described in section 1874A(h); and

''(ii) through current education efforts (such as State health insurance assistance programs described in subsection (a)(1)(A) of section 119 of the Medicare Improvements for Patients and Providers Act of 2008 (42 U.S.C. 1395b–3 note)) and materials directed toward such enrollees.

''(L) CMS COMPLIANCE REVIEW.—The Secretary shall ensure that existing plan sponsor compliance reviews and audit processes include the drug management programs for at-risk beneficiaries under this paragraph, including appeals processes under such programs.''.

(2) INFORMATION FOR CONSUMERS.—Section 1860D–4(a)(1)(B) of the Social Security Act (42 U.S.C. 1395w–104(a)(1)(B)) is amended by adding at the end the following:

''(v) The drug management program for at-risk beneficiaries under subsection (c)(5).''.

(3) DUAL ELIGIBLES.—Section 1860D–1(b)(3)(D) of the Social Security Act (42 U.S.C. 1395w–101(b)(3)(D)) is amended by inserting '', subject to such limits as the Secretary may establish for individuals identified pursuant to section 1860D–4(c)(5)'' after ''the Secretary''.

(b) UTILIZATION MANAGEMENT PROGRAMS.—Section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–104(c)), as amended by subsection (a)(1), is amended—

(1) in paragraph (1), by inserting after subparagraph (D) the following new subparagraph:

''(E) A utilization management tool to prevent drug abuse (as described in paragraph (5)(A)).''; and

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

''(6) UTILIZATION MANAGEMENT TOOL TO PREVENT DRUG ABUSE.—

''(A) IN GENERAL.—A tool described in this paragraph is any of the following:

''(i) A utilization tool designed to prevent the abuse of frequently abused drugs by individuals and to prevent the diversion of such drugs at pharmacies.

''(ii) Retrospective utilization review to identify—

''(I) individuals that receive frequently abused drugs at a frequency or in amounts that are not clinically appropriate; and

''(II) providers of services or suppliers that may facilitate the abuse or diversion of frequently abused drugs by beneficiaries.

''(iii) Consultation with the contractor described in subparagraph (B) to verify if an individual enrolling in a prescription drug plan offered by a PDP sponsor has been previously identified by another PDP sponsor as an individual described in clause (ii)(I).

''(B) REPORTING.—A PDP sponsor offering a prescription drug plan in a State shall submit to the Secretary and the Medicare drug integrity contractor with which the Secretary has entered into a contract under section 1893 with respect to such State a report, on a monthly basis, containing information on—

''(i) any provider of services or supplier described in subparagraph (A)(ii)(II) that is identified by such plan sponsor during the 30-day period before such report is submitted; and

''(ii) the name and prescription records of individuals described in paragraph (5)(C).

''(C) CMS COMPLIANCE REVIEW.—The Secretary shall ensure that plan sponsor annual compliance reviews and program audits include a certification that utilization management tools under this paragraph are in compliance with the requirements for such tools.''.

(c) TREATMENT OF CERTAIN COMPLAINTS FOR PURPOSES OF QUALITY OR PERFORMANCE ASSESSMENT.—Section 1860D–42 of the Social Security Act (42 U.S.C. 1395w–152) is amended by adding at the end the following new subsection:

''(d) TREATMENT OF CERTAIN COMPLAINTS FOR PURPOSES OF QUALITY OR PERFORMANCE ASSESSMENT.—In conducting a quality or performance assessment of a PDP sponsor, the Secretary shall develop or utilize existing screening methods for reviewing and considering complaints that are received from enrollees in a prescription drug plan offered by such PDP sponsor and that are complaints regarding the lack of access by the individual to prescription drugs due to a drug management program for at-risk beneficiaries.''.

(d) SENSE OF CONGRESS REGARDING USE OF TECHNOLOGY TOOLS TO COMBAT FRAUD.—It is the sense of Congress that MA organizations and PDP sponsors should consider using e-prescribing and other health information technology tools to support combating fraud under MA-PD plans and prescription drug plans under parts C and D of the Medicare Program.

(e) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study on the implementation of the amendments made by this section, including the effectiveness of the at-risk beneficiaries for prescription drug abuse drug management programs authorized by section 1860D–4(c)(5) of the Social Security Act (42 U.S.C. 1395w–10(c)(5)), as added by subsection (a)(1). Such study shall include an analysis of—

(A) the impediments, if any, that impair the ability of individuals described in subparagraph (C) of such section 1860D–4(c)(5) to access clinically appropriate levels of prescription drugs;

(B) the effectiveness of the reasonable access protections under subparagraph (D)(ii) of such section 1860D–4(c)(5), including the impact on beneficiary access and health;

(C) how best to define the term ''designated pharmacy'', including whether the definition of such term should include an entity that is comprised of a number of locations that are under common ownership and that electronically share a real-time, online database and whether such a definition would help to protect and improve beneficiary access;

(D) the types of—

(i) individuals who, in the implementation of such section, are determined to be individuals described in such subparagraph; and

(ii) prescribers and pharmacies that are selected under subparagraph (D) of such section;

(E) the extent of prescription drug abuse beyond Controlled Drug Substances in Schedule CII in parts C and D of the Medicare program; and

(F) other areas determined appropriate by the Comptroller General.

(2) REPORT.—Not later than July 1, 2019, the Comptroller General of the United States shall submit to the appropriate committees of jurisdiction of Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines to be appropriate.

(f) REPORT BY SECRETARY.—

(1) IN GENERAL.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of Congress a report on ways to improve upon the appeals process for Medicare beneficiaries with respect to prescription drug coverage under part D of title XVIII of the Social Security Act. Such report shall include an analysis comparing appeals processes under parts C and D of such title XVIII.

(2) FEEDBACK.—In development of the report described in paragraph (1), the Secretary of Health and Human Services shall solicit feedback on the current appeals process from stakeholders, such as beneficiaries, consumer advocates, plan sponsors, pharmacy benefit managers, pharmacists, providers, independent review entity evaluators, and pharmaceutical manufacturers.

(g) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in subsection (d)(2), the amendments made by this section shall apply to prescription drug plans for plan years beginning on or after January 1, 2018.

(2) STAKEHOLDER MEETINGS PRIOR TO EFFECTIVE DATE.—

(A) IN GENERAL.—Not later than January 1, 2017, the Secretary of Health and Human Services shall convene stakeholders, including individuals entitled to benefits under part A of title XVIII of the Social Security Act or enrolled under part B of such title of such Act, advocacy groups representing such individuals, clinicians, plan sponsors, pharmacists, retail pharmacies, entities delegated by plan sponsors, and biopharmaceutical manufacturers for input regarding the topics described in subparagraph (B). The input described in the preceding sentence shall be provided to the Secretary in sufficient time in order for the Secretary to take such input into account in promulgating the regulations pursuant to subparagraph (C).

(B) TOPICS DESCRIBED.—The topics described in this subparagraph are the topics of—

(i) the impact on cost-sharing and ensuring accessibility to prescription drugs for enrollees in prescription drug plans of PDP sponsors who are at-risk beneficiaries for prescription drug abuse (as defined in paragraph (5)(C) of section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–10(c)));

(ii) the use of an expedited appeals process under which such an enrollee may appeal an identification of such enrollee as an at-risk beneficiary for prescription drug abuse under

such paragraph (similar to the processes established under the Medicare Advantage program under part C of title XVIII of the Social Security Act);

(iii) the types of enrollees that should be treated as exempted individuals, as described in clause (ii) of such paragraph;

(iv) the manner in which terms and definitions in paragraph (5) of such section 1860D–4(c) should be applied, such as the use of clinical appropriateness in determining whether an enrollee is an at-risk beneficiary for prescription drug abuse as defined in subparagraph (C) of such paragraph (5);

(v) the information to be included in the notices described in subparagraph (B) of such section and the standardization of such notices;

(vi) with respect to a PDP sponsor that establishes a drug management program for at-risk beneficiaries under such paragraph (5), the responsibilities of such PDP sponsor with respect to the implementation of such program;

(vii) notices for plan enrollees at the point of sale that would explain why an at-risk beneficiary has been prohibited from receiving a prescription at a location outside of the designated pharmacy;

(viii) evidence-based prescribing guidelines for opiates; and

(ix) the sharing of claims data under parts A and B with PDP sponsors.

(C) RULEMAKING.—The Secretary of Health and Human Services shall, taking into account the input gathered pursuant to subparagraph (A) and after providing notice and an opportunity to comment, promulgate regulations to carry out the provisions of, and amendments made by subsections (a) and (b).

SA 3368. Mr. CORNYN 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. 705. RELATIVE DRUG INTERDICTION NEEDS AS PRIMARY FACTOR IN ALLOCATION TO STATES OF FUNDS FOR NATIONAL GUARD DRUG INTERDICTION AND COUNTER-DRUG ACTIVITIES.

Section 112 of title 32, United States Code, is amended—

(1) by redesignating subsections (f), (g), and (h) as subsections (g), (h), and (i), respectively; and

(2) by inserting after subsection (e) the following new subsection (f):

''(f) PROVISION OF FUNDS TO STATES BASED ON RELATIVE DRUG INTERDICTION NEEDS.—In providing funds to States under this section, the Secretary shall use as a primary factor in allocating such funds the relative drug interdiction needs of the States (as reflected in the State drug interdiction and counter-drug activities plans of the States under subsection (c)).''.

SA 3369. Mr. CORNYN (for himself and Mr. ALEXANDER) 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—MENTAL HEALTH AND SUBSTANCE ABUSE REFORM ACT

SEC. 801. SHORT TITLE.

This title may be cited as the ''Mental Health and Substance Abuse Reform Act of 2016''.

SEC. 802. ASSISTANCE FOR INDIVIDUALS TRANSITIONING OUT OF SYSTEMS.

Section 2976(f) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797w(f)) is amended—

(1) in paragraph (5), by striking ''and'' at the end;

(2) in paragraph (6), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(7) provide mental health treatment and transitional services for those with mental illnesses or with co-occurring disorders, including housing placement or assistance.''.

SEC. 803. CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH CHALLENGES IN DRUG COURTS.

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

(1) in section 2951(a)(1) (42 U.S.C. 3797u(a)(1)), by inserting '', including co-occurring substance abuse and mental health problems,'' after ''problems''; and

(2) in section 2959(a) (42 U.S.C. 3797u–8(a)), by inserting '', including training for drug court personnel and officials on identifying and addressing co-occurring substance abuse and mental health problems'' after ''part''.

SEC. 804. CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH CHALLENGES IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS.

Section 1901(a) of title I of Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796ff(a)) is amended—

(1) in paragraph (1), by striking ''and'' at the end;

(2) in paragraph (2), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(3) developing and implementing specialized residential substance abuse treatment programs that identify and provide appropriate treatment to inmates with co-occurring mental health and substance abuse disorders or challenges.''.

SA 3370. Mr. CORNYN 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 II, add the following:

SEC. 205. REQUIREMENT FOR 3-YEAR PLAN TO ACHIEVE 90-PERCENT RATE OF EFFECTIVE DRUG INTERDICTION.

(a) DEFINITION OF TRANSIT ZONE.—In this section, 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 illicit drugs transit, either directly or indirectly, to the United States.

(b) PLAN REQUIRED.—Not later than 180 days after the date of enactment of this Act, the President shall submit to the relevant congressional committees a report setting forth a comprehensive interagency plan for achieving within 3 years a 90-percent rate of effective interdiction of all illegal drugs that would otherwise—

(1) pass through the Transit Zone en route to the United States; or

(2) enter the United States across the Southwest border.

(c) INTERAGENCY INTEGRATION AND COORDINATION.—The plan required under subsection (b) shall describe the integration and coordination of efforts by all relevant Federal agencies, including the Department of Homeland Security, the Department of Justice, and the Department of Defense, necessary to achieve the objective stated in subsection (b).

(d) ELEMENTS.—The plan required under subsection (b) shall include—

(1) a detailed description of the manner in which the stated objective will be accomplished;

(2) a determination of which official will lead the effort and be accountable for its results;

(3) the specific roles and functions that will be carried out by each agency;

(4) the means that will be required, in terms of personnel, equipment, and other resources;

(5) a detailed budget plan describing the funding that will be needed, broken down by agency;

(6) an explanation of any new or different legal authorities that will be required; and

(7) a specific target date on which the stated objective will be achieved.

SA 3371. 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.—Out of any money appropriated to the National Institutes of Health not otherwise obligated, 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.

SA 3372. Mr. HEINRICH (for himself and Mr. ENZI) 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, line 9, strike ''and''.

On page 11, between lines 9 and 10, insert the following:

(6) rural community health professionals; and

On page 11, line 10, strike ''(6)'' and insert ''(7)''.

SA 3373. Mrs. ERNST 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 of section 203, add the following:

(c) GAO REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall—

(1) review the prescription drug take back program authorized under subsection (b), including participation rates and stakeholder concerns, in order to catalogue the most significant regulatory barriers for voluntary participation by retail pharmacies; and

(2) submit to Congress a report that includes recommendations on how the Drug Enforcement Administration and Congress can address existing regulatory barriers in order to expand voluntary participation by retail pharmacies in the program.

SA 3374. Mr. DONNELLY (for himself and Mrs. CAPITO) 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 33, line 5, strike the period and insert ", which may include an outreach coordinator or team to connect individuals receiving opioid overdose reversal drugs to follow-up services.".

SA 3375. Mr. REID (for Mrs. MCCASKILL (for herself and Mr. BLUNT)) submitted an amendment intended to be proposed by Mr. REID of NV 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:

In section 601(b), add at the end the following:

(6) STATES WITHOUT PRESCRIPTION DRUG MONITORING PROGRAMS.—In the case of a State that does not have a prescription drug monitoring program, a county or other unit of local government within the State that has a prescription drug monitoring program shall be treated as a State for purposes of this section, including for purposes of eligibility for grants under paragraph (1).

SA 3376. Mr. KAINE (for himself and Mrs. CAPITO) 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 67, line 24, insert "including best practices on the co-prescribing of naloxone" after "guidelines".

On page 77, between lines 5 and 6, insert the following:

SEC. ___. NALOXONE CO-PRESCRIBING IN FEDERAL HEALTH CARE AND MEDICAL FACILITIES.

(a) NALOXONE CO-PRESCRIBING GUIDELINES.—Not later than 180 days after the date of enactment of this Act:

(1) The Secretary of Health and Human Services shall, as appropriate, provide information to prescribers within Federally qualified health centers (as defined in paragraph (4) of section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa))), and the health care facilities of the Indian Health Service, on best practices for co-prescribing naloxone for patients receiving chronic opioid therapy and patients being treated for opioid use disorders.

(2) The Secretary of Defense shall, as appropriate, provide information to prescribers within Department of Defense medical facilities on best practices for co-prescribing naloxone for patients receiving chronic opioid therapy and patients being treated for opioid use disorders.

(3) The Secretary of Veterans Affairs shall, as appropriate, provide information to prescribers within Department of Veterans Affairs medical facilities on best practices for co-prescribing naloxone for patients receiving chronic opioid therapy and patients being treated for opioid use disorders.

(b) DEFINITIONS.—In this section:

(1) CO-PRESCRIBING.—The term "co-prescribing" means, with respect to an opioid overdose reversal drug, the practice of prescribing such drug in conjunction with an opioid prescription for patients at an elevated risk of overdose, or in conjunction with an opioid agonist approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for the treatment of opioid use disorders, or in other circumstances in which a provider identifies a patient at an elevated risk for an intentional or unintentional drug overdose from heroin or prescription opioid therapies.

(2) ELEVATED RISK OF OVERDOSE.—The term "elevated risk of overdose" has the meaning given such term by the Secretary of Health and Human Services, which—

(A) may be based on the criteria provided in the Opioid Overdose Toolkit published by the Substance Abuse and Mental Health Services Administration; and

(B) may include patients on a first course opioid treatment, patients using extended-release and long-acting opioid analgesic, and patients with a respiratory disease or other co-morbidities.

SA 3377. 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, add the following:

TITLE VIII—PHARMACEUTICAL STEWARDSHIP ACT

SEC. 801. SHORT TITLE.

This title may be cited as the "Pharmaceutical Stewardship Act of 2016".

SEC. 802. NATIONAL PHARMACEUTICAL STEWARDSHIP PROGRAMS.

(a) DEFINITIONS.—In this section:

(1) The term "board of directors" means the board of directors of the organization.

(2) The term "producer", with respect to a covered drug, means the holder of an approved application for the covered drug under subsection (b) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355).

(3) The term "certified national pharmaceutical stewardship program" means a national pharmaceutical stewardship program with a certification in effect under subsection (g) or (h).

(4) The term "controlled substance" means a controlled substance (as such term is defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) in schedule II, III, IV, or V under section 202 of such Act (21 U.S.C. 812).

(5) The term "covered drug" means a drug (as such term is defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)) that is marketed in the United States other than—

(A) a drug for which a take-back program is in effect pursuant to a risk evaluation and mitigation strategy under section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1);

(B) a vitamin or dietary supplement (as such term is defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321));

(C) an herbal-based remedy or homeopathic drug, product, or remedy;

(D) a soap (with or without germicidal agents), laundry detergent, bleach, household cleaning product, shampoo, sunscreen, toothpaste, lip balm, antiperspirant, or other product that is regulated under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) exclusively as a cosmetic;

(E) a biological product (as defined in section 351 of the Public Health Service Act (42 U.S.C. 262)); or

(F) a pesticide (as defined in section 2 of the Federal Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. 136)) that is contained in a collar, powder, shampoo, topical application, or other system for delivery or application to a pet.

(6) The term "organization" means the National Pharmaceutical Stewardship Organization established in accordance with subsection (c).

(7) The term "Secretary" means the Secretary of Health and Human Services.

(8) The term "ultimate user" has the meaning given to such term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(b) REQUIRED PARTICIPATION.—Each producer of a covered drug shall participate in—

(1) the certified national pharmaceutical stewardship program of the National Pharmaceutical Stewardship Organization; or

(2) another certified national pharmaceutical stewardship program.

(c) NATIONAL PHARMACEUTICAL STEWARDSHIP ORGANIZATION.—

(1) ESTABLISHMENT.—There shall be established in accordance with this section a nonprofit private corporation to be known as the National Pharmaceutical Stewardship Organization. The organization shall not be an agency or instrumentality of the Federal Government, and officers, employees, and members of the board of the organization shall not, by virtue of such service, be considered officers or employees of the Federal Government.

(2) PURPOSE.—The purpose of the organization shall be to establish and, beginning not later than 2 years after the date of enactment of this title, implement a certified national pharmaceutical stewardship program.

(3) BOARD OF DIRECTORS.—

(A) REPRESENTATION.—The organization shall have a board of directors with balanced representation of each of the following:

(i) Producers of covered drugs.

(ii) Public health, pharmacy, law enforcement, and substance use disorder treatment professionals.

(iii) Water quality and waste management stakeholders.

(B) INITIAL MEMBERS.—The Secretary shall appoint the initial members of the board of directors.

(4) POWERS.—

(A) IN GENERAL.—The organization may—

(i) adopt and amend a constitution and bylaws for the management of its property and the regulation of its affairs;

(ii) adopt and alter a corporate seal;

(iii) choose officers, managers, agents, and employees as the activities of the organization require;

(iv) make contracts;

(v) acquire, own, lease, encumber, and transfer property as necessary to carry out the purposes of the organization;

(vi) borrow money, issue instruments of indebtedness, and secure its obligations by granting security interests in its property;

(vii) sue and be sued; and

(viii) do any other act necessary and proper to carry out the purpose of the organization.

(B) BYLAWS.—The board of directors shall establish the general policies of the organization for carrying out the purpose described in paragraph (2), including the establishment of the bylaws of the organization, which shall include bylaws for the following:

(i) Entering into contracts and agreements with service providers and entities as necessary, useful, or convenient to provide all or portions of the national pharmaceutical stewardship program of the organization.

(ii) Taking any legal action necessary or proper for the recovery of an assessment for, on behalf of, or against producers of a covered drug participating in such program.

(iii) Performing other such functions as may be necessary or proper to carry out the purpose described in paragraph (2).

(iv) Ensuring that the members of the board of directors serve without compensation, but are entitled to reimbursement (solely from the funds of the organization) for expenses incurred in the discharge of their duties as members of the board of directors.

(v) Ensuring that the organization does not use any Federal, State, or local government funds to carry out the purpose described in paragraph (2).

(vi) Allowing the Secretary—

(I) to audit the activities of the organization as the Secretary deems necessary; and

(II) to access any facilities or property of the organization as the Secretary deems necessary to conduct inspections or investigate complaints.

(5) NONPROFIT STATUS.—In carrying out the purpose described in paragraph (2), the board of directors shall establish such policies and bylaws under paragraph (4)(B) as may be necessary to ensure that the organization maintains its status as an organization that—

(A) is described in subsection (c)(3) of section 501 of the Internal Revenue Code of 1986; and

(B) is, under subsection (a) of such section, exempt from taxation.

(6) CONTRIBUTIONS TO NATIONAL PHARMACEUTICAL STEWARDSHIP ORGANIZATION NOT TREATED AS CHARITABLE CONTRIBUTIONS.—A contribution (including any payment or fee) by a producer of a covered drug to the organization or the organization's national pharmaceutical stewardship program shall not be treated as a charitable contribution for purposes of section 170 of the Internal Revenue Code of 1986.

(7) ARTICLES OF INCORPORATION.—The Secretary shall ensure that the initial articles of incorporation of the organization are properly filed not later than 60 days after the date of enactment of this title.

(d) PROGRAM REQUIREMENTS.—To be certified (and maintain certification) under subsection (g) or (h), a national pharmaceutical stewardship program (referred to in this section as a ''program'') shall meet each of the following requirements:

(1) The program is operated pursuant to an agreement among the producers of covered drugs participating in the program.

(2) Subject to subsection (e), the costs of the program are fully paid by such producers.

(3) The program shall not impose any fee on individuals, wholesalers, or retailers for transport and disposal of a covered drug through the program, except to the extent an individual, wholesaler, or retailer is acting as a producer of a covered drug.

(4) The program is developed with input from the public, including an opportunity for public comment and public hearings.

(5) The program provides a system to facilitate the collection and disposal of any covered drug that—

(A) is delivered to the program by the ultimate user of the covered drug in the United States; and

(B) is household waste as defined under the implementing regulations of subtitle C of title II of the Solid Waste Disposal Act (42 U.S.C. 6901 et seq.; commonly referred to as the ''Resource Conservation and Recovery Act'').

(6) Collection and disposal of a covered drug through the program's system (described in paragraph (5)) occurs only in a manner that—

(A) is safe and secure;

(B) results in the covered drug being rendered unrecoverable in accordance with the requirements for nonretrievable disposal of controlled substances under part 1300 of title 21, Code of Federal Regulations (or any successor regulations);

(C) protects patient information;

(D) is accessible in every State, county, and city or town, by including—

(i) at least one collection site that is accessible on an ongoing, year-round basis in every county of every State and at least one additional such collection site for every 30,000 county residents, giving preference to retail pharmacies that—

(I) operate secure collection receptacles in accordance with applicable regulations of the Drug Enforcement Administration; and

(II) are geographically distributed to provide reasonably convenient and equitable access;

(ii) if ongoing, year-round collection is not feasible in a specific county or city (as determined by the Secretary)—

(I) periodic collection events; or

(II) the provision of prepaid mailing envelopes or deactivation technologies to individuals in such county or city; and

(iii) prepaid mailing envelopes or deactivation technologies made available to individuals with disabilities and home-bound residents upon request through the program's toll-free telephone number and website under paragraph (8); and

(E) in the case of a controlled substance, is consistent with section 302(g) of the Controlled Substances Act (21 U.S.C. 822(g)).

(7) The program—

(A) promotes the collection and disposal of covered drugs through the program; and

(B) to the extent feasible, works with local recycling facilities and officials to collect and recycle covered drug packaging at collection locations.

(8) The program ensures that options for collection and disposal of covered drugs through the program are widely understood by customers, pharmacists, retailers, and health care practitioners including doctors and other prescribers, including by—

(A) maintaining a toll-free telephone number, a website optimized for mobile platforms, and a free mobile application that—

(i) publicize all currently available collection and disposal options, updated within 30 days of any change; and

(ii) provide substance use disorder treatment and referral information;

(B) preparing educational and outreach materials that—

(i) clearly explain what ''covered drugs'' are collected at each collection site;

(ii) describe where and how to dispose of covered drugs through the program;

(iii) address the risks of diversion of covered drugs, including accidental overdose, accidental poisoning, and environmental contamination;

(iv) raise awareness about the importance of safe storage and disposal; and

(v) utilize plain language and explanatory images readily understandable by all residents, including individuals with limited English proficiency; and

(C) providing such materials to pharmacies, health care facilities, and other interested parties for dissemination.

(9) Every 4 years, the program, using an independent evaluator at the expense of the program, evaluates the effectiveness of its educational and outreach activities under paragraph (8), including with respect to—

(A) the percentage of residents of the United States who are aware of the program;

(B) the percentage of residents of the United States who report having access to a collection site, prepaid mail-back envelope, or deactivation system; and

(C) the extent to which residents of the United States find the program to be convenient.

(10) Annually, the program, using an independent auditor at the expense of the program, audits relevant information provided in the program's report to the Secretary, including—

(A) the amount, by weight, of covered drugs collected and disposed of in each State by drop-off site and, if applicable, the total amount by weight collected by mail-back method and disposed of; and

(B) the income and expenditures of the program.

(e) MECHANISM FOR TRANSFER OF COSTS AMONG PRODUCERS.—To be certified (and maintain certification) under subsection (g) or (h), a program shall include a mechanism that—

(1) provides for receiving and transferring of funds among all national pharmaceutical stewardship programs that are so certified in such amounts as may be necessary, to be adjusted on at least an annual basis, to ensure that the producers of covered drugs participating in such programs bear the costs of such programs in a manner that provides for a fair and reasonable allocation of such costs across such participants; and

(2) is specified in a written agreement among all producers of covered drugs.

(f) PROGRAM REPORTING REQUIREMENTS.—

(1) IN GENERAL.—To be certified (and maintain certification) under subsection (g) or (h), a program shall agree to submit a report to the Secretary within one year following such certification, and annually thereafter.

(2) CONTENTS.—Each report submitted by a program under paragraph (1) shall describe the program's activities during the preceding calendar year, including at a minimum—

(A) a list of producers participating in the program;

(B) a specification of the amount, by weight, of covered drugs collected and disposed of in each State—

(i) by drop-off site; and

(ii) if applicable, by mail-back method;

(C) a description of the collection system in each State, including the location of each collection site and, if applicable, locations where envelopes for mail-back or deactivation technologies are provided;

(D) an identification of any safety or security problems which occurred during collection, transportation, or disposal of covered drugs during the preceding calendar year and, with respect to any such problems, a description of the changes which have or will be made to policies, procedures, or tracking mechanisms to alleviate any such problems

and to improve safety and security in the future;

(E) a description of the educational and outreach activities under subsection (d)(8) and the methodology used to evaluate such activities under subsection (d)(9);

(F) a description of how collected packaging was recycled to the extent feasible, including the recycling facility or facilities used; and

(G) the total expenditures of the program.

(3) PROCEDURES.—The Secretary shall establish procedures for reporting under this subsection not later than the date that is one year after the date of the enactment of this title.

(4) PUBLIC AVAILABILITY.—The Secretary shall make each report submitted under this subsection available to the public.

(g) CERTIFICATION OF NATIONAL PHARMACEUTICAL STEWARDSHIP ORGANIZATION'S PROGRAM.—

(1) PROGRAM PLAN.—To seek certification of its program, the organization shall submit a plan to the Secretary containing such information as the Secretary may require.

(2) CONSIDERATION BY SECRETARY.—Upon receipt of a plan under paragraph (1), the Secretary—

(A) shall consult with the Administrator of the Drug Enforcement Administration on the adequacy of the proposed program's security measures for collection, transportation, and disposal of covered drugs, disposal systems, and mechanisms for secure tracking and handling;

(B) shall consult with the Administrator of the Environmental Protection Agency on the adequacy of the program's disposal methods and compliance with environmental requirements;

(C) shall consult with the Secretary of Transportation on the adequacy of the program's compliance with respect to requirements for transport of covered drugs; and

(D) within 90 days after receipt of the plan, shall—

(i) certify the program if the Secretary determines it meets the requirements of this section; or

(ii) reject the proposed program and provide a written explanation of the reasons for such rejection.

(3) RESPONSE TO REJECTION OF PROPOSED PROGRAM.—If the Secretary rejects the organization's proposed program under paragraph (2)(D)(ii), the rejection shall be treated as final agency action, and the organization may—

(A) revise its proposed program and submit a new plan under paragraph (1); or

(B) seek judicial review of the rejection not later than 60 days after receiving notice of the rejection.

(4) TERM OF CERTIFICATION; RECERTIFICATION.—The term of a certification (including a recertification) under paragraph (2)(D)(i) shall be not more than 2 years. To have its program recertified, the organization shall submit a new plan under paragraph (1), including any relevant updates, for approval under paragraph (2)(D)(i).

(5) CHANGES TO CERTIFIED PROGRAM.—Before making any significant change to its certified national pharmaceutical stewardship program, the organization shall seek and obtain approval for the change from the Secretary. Not later than 15 days after submission of a request for a change under the preceding sentence, the Secretary shall approve the change or reject the change and provide a written explanation of the reasons for the rejection.

(6) SUBMISSION REQUIREMENTS.—

(A) PUBLICATION.—Not later than 6 months after the date of the enactment of this title, the Secretary shall publish requirements for the submission of program plans under paragraph (1) and requests for changes under paragraph (5), including requirements for the contents of such submissions.

(B) FAILURE TO PUBLISH.—If the Secretary fails to publish such requirements by the deadline specified in subparagraph (A), the requirements of this section applicable to producers of covered drugs shall nonetheless apply.

(h) CERTIFICATION OF OTHER PROGRAMS.—

(1) APPLICATION.—In lieu of participating in the certified national pharmaceutical stewardship program of the organization, one or more producers of a covered drug may submit a stewardship plan to the Secretary seeking certification of a separate national pharmaceutical stewardship program.

(2) GOVERNING PROVISIONS.—The provisions of subsection (g) shall apply with respect to a stewardship plan for certification of a program under paragraph (1) to the same extent and in the same manner as such provisions apply to a program plan for certification of a program by the organization under subsection (g), except as follows:

(A) The reference to 90 days in subsection (g)(2)(D) (relating to the period of the Secretary's review of a program plan) shall be treated as a reference to 120 days.

(B) If the Secretary rejects the proposed stewardship plan, in lieu of submitting a new stewardship plan under paragraph (1) or seeking judicial review of the rejection, the producers may choose to participate in the certified national pharmaceutical stewardship program of the organization.

(C) The reference to 2 years in subsection (g)(4) (relating to the term of certification) shall be treated as references to 1 year.

(i) SOLICITATION OF PUBLIC COMMENT TO INFORM PROGRAM UPDATES.—

(1) IN GENERAL.—A certified national product stewardship program shall—

(A) annually invite comments from stakeholders on their satisfaction with the services provided by the program, including representatives of health care facilities, prescribers, pharmacies and pharmacists, State and local government officials, law enforcement personnel, public health organizations, substance use disorder professionals, waste management stakeholders, environmental organizations, and consumers;

(B) compile and submit the information received through such comments to the Secretary; and

(C) use such information in developing updates and changes to the program.

(2) USE BY SECRETARY.—The Secretary shall use information submitted under paragraph (1)(B) in reviewing proposed updates and revisions to certified national pharmaceutical stewardship program plans.

(3) GUIDANCE.—The Secretary shall issue guidance on the process for complying with this subsection.

(j) SUSPENSION OF PROGRAM.—

(1) IMMINENT DANGER.—The Secretary may suspend, in whole or in part, the certification of any national pharmaceutical stewardship program under this section if the Secretary determines that such action is necessary to protect the public from imminent danger.

(2) FAILURE TO COMPLY.—If the Secretary determines that a national pharmaceutical stewardship is in violation of the requirements of this section, the Secretary—

(A) within 30 days of learning of the violation, may issue a written warning to the program stating that the program is in violation of this section; and

(B) if the program has not rectified each violation identified in such warning within 30 days of receipt of such warning, may suspend, in whole or in part, the certification of the program.

(k) CIVIL PENALTIES.—Beginning on the date that is 2 years after the date of enactment of this title, a producer of a covered drug shall be liable for a civil penalty of not more than $50,000 for each calendar day on which, as determined by the Secretary, the producer—

(1) is not participating in a certified national pharmaceutical program; or

(2) is in violation of its obligation to contribute to the costs of such a program under subsection (d)(2).

(l) REGULATORY POWER.—The Secretary may adopt rules or guidance necessary to implement, administer, and enforce this section. The Secretary, in consultation with the Administrator of the Environmental Protection Agency, the Administrator of the Drug Enforcement Administration, the Director of National Drug Control Policy, the Secretary of Transportation, and the Commissioner of Food and Drugs, may include in such regulations or guidance any performance standards determined appropriate for implementing the program requirements specified in this section.

(m) STATE, TRIBAL, AND LOCAL REGULATION.—Nothing in this title prohibits a State, tribal, or local government from imposing any requirements relating to the safe and secure disposal of covered drugs that are more stringent than the requirements of this title.

(n) REPORT TO CONGRESS.—Not later than 5 years after the date of enactment of this title, the Secretary shall report to the appropriate committees of the Congress concerning the status of the national pharmaceutical stewardship programs under this section, including any recommendations for changes to this section.

(o) SEVERABILITY.—If any provision of this section or the application of such provision to any person or circumstance is held to be unconstitutional, the remainder of this section, and the application of the provisions of such remainder to any person or circumstance, shall not be affected thereby.

(p) EVALUATION.—

(1) IN GENERAL.—Not later than 2 years after the date of the enactment of this title, and annually thereafter, the Director of the Office of the National Drug Control Policy, in consultation with the Secretary of Health and Human Services, the Attorney General, and the Administrator of the Drug Enforcement Administration, shall—

(A) conduct an evaluation of the effectiveness of the national pharmaceutical stewardship programs under this section; and

(B) submit a report to the Congress on the results of each such evaluation, including recommendations for improving the programs.

(2) METRICS.—The evaluation under paragraph (1) shall address each of the following:

(A) Public access to national pharmaceutical stewardship programs under this section.

(B) Public awareness of such programs, including awareness of the risks of diversion of drugs and awareness of the importance of safe storage and safe disposal of pharmaceuticals.

(C) Impact of the programs on prescription drug abuse, including analysis of hospital admissions for prescription drug overdoses, per capita deaths due to prescription drug overdoses, and arrests for illegal possession of controlled substances in schedule II, III, IV, or V.

(q) ANNUAL FEES.—The Secretary may assess, collect, and use, without further appropriation, annual fees from producers of covered drugs to pay the administrative costs of carrying out this section and section 803.

(r) DELAYED APPLICABILITY.—In the case of producer that first offers a covered drug for

sale in interstate commerce (including by importing the covered drug) after the date of enactment of this title, the requirements of this title apply with respect to such producer beginning on the date that is 180 days after the date on which the producer first offers the covered drug for sale in interstate commerce.

SEC. 803. COORDINATED EDUCATION CAMPAIGN ON DRUG DISPOSAL.

Not later than 18 months after the date of the enactment of this title, the Director of the Office of National Drug Control Policy, in consultation with the Secretary of Health and Human Services and the Administrator of the Environmental Protection Agency, shall establish and begin implementation of a coordinated education and outreach campaign—

(1) to increase awareness among members of the public regarding how drugs may be safely and securely disposed consistent with public safety, public health, and environmental protection through national pharmaceutical stewardship programs established under section 802 and by other appropriate means; and

(2) to link members of the public to the national and local educational and outreach activities conducted by such programs.

SA 3378. Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, 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:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

SEC. 2. FINDINGS.

Congress finds the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(18) Rural communities are especially susceptible to heroin and opioid abuse. Individuals in rural counties have higher rates of drug poisoning deaths, including deaths from opioids. According to the American Journal of Public Health, ''[O]pioid poisonings in nonmetropolitan counties have increased at a rate greater than threefold the increase in metropolitan counties.'' According to a February 19, 2016, report from the Maine Rural Health Research Center, ''[M]ultiple studies document a higher prevalence [of abuse] among specific vulnerable rural populations, particularly among youth, women who are pregnant or experiencing partner violence, and persons with co-occurring disorders.''

SEC. 3. DEFINITIONS.

In this Act—

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

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

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

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

TITLE I—PREVENTION AND EDUCATION

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

(a) DEFINITIONS.—In this section—

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

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

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

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

(1) representatives of—

(A) the Department of Health and Human Services;

(B) the Department of Veterans Affairs;

(C) the Food and Drug Administration;

(D) the Department of Defense;

(E) the Drug Enforcement Administration;

(F) the Centers for Disease Control and Prevention;

(G) the National Academy of Medicine;

(H) the National Institutes of Health;

(I) the Office of National Drug Control Policy; and

(J) the Office of Rural Health Policy of the Department of Health and Human Services;

(2) physicians, dentists, and nonphysician prescribers;

(3) pharmacists;

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

(5) representatives of—

(A) pain management professional organizations;

(B) the mental health treatment community;

(C) the addiction treatment community;

(D) pain advocacy groups; and

(E) groups with expertise around overdose reversal; and

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

(d) DUTIES.—The task force shall—

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

(A) existing pain management research;

(B) recommendations from relevant conferences and existing relevant evidence-based guidelines;

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

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

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

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

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

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

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

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

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

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

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

SEC. 102. AWARENESS CAMPAIGNS.

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

(b) DRUG-FREE MEDIA CAMPAIGN.—

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

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

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

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

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

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

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

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

''(a) DEFINITIONS.—In this section—

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

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

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

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

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

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

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

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

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

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

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

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

''(c) APPLICATION.—

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

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

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

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

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

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

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

''(g) LIMITATION ON ADMINISTRATIVE EXPENSES.—Not more than 8 percent of the amounts made available to carry out this section for a fiscal year may be used by the Secretary to pay for administrative expenses.''.

TITLE II—LAW ENFORCEMENT AND TREATMENT

SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION PROGRAMS.

(a) DEFINITIONS.—In this section:

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

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

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

(i) a crime of violence, as defined under applicable State law or section 3156 of title 18, United States Code; or

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

(B) has been screened by a qualified mental health professional and determined to suffer from a substance use disorder, or co-occurring mental illness and substance use disorder, that there is a reasonable basis to believe is related to the commission of the offense; and

(C) has been, after consideration of any potential risk of violence to any person in the program or the public if the individual were selected to participate in the program, unanimously approved for participation in a program funded under this section by, as applicable depending on the stage of the criminal justice process—

(i) the relevant law enforcement agency;

(ii) the prosecuting attorney;

(iii) the defense attorney;

(iv) the pretrial, probation, or correctional officer;

(v) the judge; and

(vi) a representative from the relevant mental health or substance abuse agency.

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

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

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

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

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

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

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

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

(i) specialized clinical case management;

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

(iii) prosecutor and defender based programs;

(iv) specialized probation;

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

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

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

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

(c) APPLICATION.—

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

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

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

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

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

(B) demonstrate consultation with the Single State Authority for Substance Abuse (as defined in section 201(e) of the Second Chance Act of 2007 (42 U.S.C. 17521(e)));

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) payments for treatment providers that are approved by the relevant State or tribal

jurisdiction and licensed, if necessary, to provide needed treatment to eligible participants in the program, including medication assisted treatment, aftercare supervision, vocational training, education, and job placement;

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

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

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

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

(1) each State;

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

(3) tribal jurisdictions.

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

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

(2) a State that—

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

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

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

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

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

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

(i) REPORTS AND EVALUATIONS.—

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

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

(A) describe best practices for treatment alternatives; and

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

(j) FUNDING.—During the 5-year period beginning on the date of enactment of this Act, the Secretary of Health and Human Services may carry out this section using not more than $5,000,000 each fiscal year of amounts appropriated to the Substance Abuse and Mental Health Services Administration for Criminal Justice Activities. No additional funds are authorized to be appropriated to carry out this section.

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

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

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

''(a) DEFINITION.—In this section—

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

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

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

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

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

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

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

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

''(c) APPLICATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

''(g) RURAL AREAS WITH LIMITED ACCESS TO EMERGENCY MEDICAL SERVICES.—In making grants under this section, the Secretary shall ensure that not less than 25 percent of grant funds are awarded to eligible entities that are not located in metropolitan statistical areas, as defined by the Office of Management and Budget.''.

SEC. 203. PRESCRIPTION DRUG TAKE BACK EXPANSION.

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

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

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

(3) a retail pharmacy;

(4) a registered narcotic treatment program;

(5) a hospital or clinic with an onsite pharmacy;

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

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

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

SEC. 204. HEROIN AND METHAMPHETAMINE TASK FORCES.

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

''SEC. 2999. HEROIN AND METHAMPHETAMINE TASK FORCES.

''(a) DEFINITION OF OPIOID.—In this section, the term 'opioid' means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

''(b) AUTHORITY.—The Attorney General may make grants to State law enforcement agencies for investigative purposes—

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

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

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

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

TITLE III—TREATMENT AND RECOVERY

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

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

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

''(a) DEFINITIONS.—In this section—

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

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

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

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

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

''(b) GRANTS.—

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

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

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

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

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

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

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

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

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

(a) DEFINITIONS.—In this section—

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

(A) court;

(B) prison;

(C) jail; or

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

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

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

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

(c) APPLICATION.—

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

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

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

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

(A) certify that each medication assisted treatment program funded with a grant under this section has been developed in consultation with the Single State Authority for Substance Abuse (as defined in section 201(e) of the Second Chance Act of 2007 (42 U.S.C. 17521(e))); and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(g) REPORTS.—

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

(A) the recidivism of the individuals;

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

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

(D) the housing status of the individuals; and

(E) the employment status of the individuals.

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

(h) FUNDING.—During the 5-year period beginning on the date of enactment of this Act, the Secretary may carry out this section using not more than $5,000,000 each fiscal year of amounts appropriated to the Substance Abuse and Mental Health Services Administration for Criminal Justice Activities. No additional funds are authorized to be appropriated to carry out this section.

SEC. 303. NATIONAL YOUTH RECOVERY INITIATIVE.

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

''SEC. 2999B. NATIONAL YOUTH RECOVERY INITIATIVE.

''(a) DEFINITIONS.—In this section:

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

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

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

''(C) an institution of higher education;

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

''(E) a nonprofit organization.

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

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

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

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

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

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

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

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

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

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

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

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

''(4) establishment of recovery high schools;

''(5) coordination of recovery programs with—

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

''(B) providers of mental health services;

''(C) primary care providers and physicians;

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

''(E) employers;

''(F) housing services;

''(G) child welfare services;

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

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

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

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

SEC. 304. BUILDING COMMUNITIES OF RECOVERY.

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

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

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

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

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

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

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

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

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

''(2) may be used to—

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

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

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

''(ii) providers of mental health services;

''(iii) primary care providers and physicians;

''(iv) the criminal justice system;

''(v) employers;

''(vi) housing services;

''(vii) child welfare agencies; and

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

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

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

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

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

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

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

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

TITLE IV—ADDRESSING COLLATERAL CONSEQUENCES

SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION GRANT PROGRAM.

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

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

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

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

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

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

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

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

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

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

''(7) technology solutions to—

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

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

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

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

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

''(A) assessing the need for English language learner instruction;

''(B) conducting educational assessments; and

''(C) assessing occupational interests and aptitudes;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) ESTABLISHMENT.—

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

(2) MEMBERSHIP.—

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

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

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

(ii) not fewer than 2 members—

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

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

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

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

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

(c) DUTIES OF THE TASK FORCE.—

(1) IN GENERAL.—The Task Force shall—

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

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

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

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

(4) REPORT.—

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

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

(ii) the President; and

(iii) the Vice President.

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

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

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

(a) IN GENERAL.—Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) in subsection (a), by inserting ''(referred to in this section as the 'Director')'' after ''Director of the Center for Substance Abuse Treatment''; and

(2) in subsection (p), in the first sentence—

(A) by striking ''Committee on Labor and Human Resources'' and inserting ''Committee on Health, Education, Labor, and Pensions''; and

(B) by inserting ''(other than subsection (r))'' after ''this section''.

(b) PILOT PROGRAM GRANTS FOR STATE SUBSTANCE ABUSE AGENCIES.—Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) by striking subsection (r); and

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

''(r) PILOT PROGRAM FOR STATE SUBSTANCE ABUSE AGENCIES.—

''(1) IN GENERAL.—The Director shall carry out a pilot program under which the Director makes competitive grants to State substance abuse agencies to—

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

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

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

''(2) REQUIREMENTS.—In carrying out the pilot program under this subsection, the Director—

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

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

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

''(D) notwithstanding subsection (a)(1), shall not require that services furnished through such a grant be provided solely to women that reside in facilities; and

''(E) shall not require that grant recipients under the program make available all services described in subsection (d).

''(3) REQUIRED SERVICES.—

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

''(i) shall include the requirements described in subsection (c);

''(ii) may include any of the services described in subsection (d);

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

''(iv) shall be based on the recommendations submitted under subparagraph (B)

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

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

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

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

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

''(6) DEFINITION OF STATE SUBSTANCE ABUSE AGENCY.—For purposes of this subsection, the term 'State substance abuse agency' means, with respect to a State, the agency in such State that manages the substance abuse prevention and treatment block grant program under part B of title XIX.

''(s) FUNDING.—

''(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated $15,900,000 for each of fiscal years 2016 through 2020.

''(2) LIMITATION.—Of the amounts made available under paragraph (1) to carry out this section, not more than 25 percent may be used each fiscal year to carry out subsection (r).''.

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

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

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

(2) by adding at the end the following:

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

SEC. 503. VETERANS' TREATMENT COURTS.

Section 2991(j)(1)(B)(ii) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(j)(1)(B)(ii)), as amended by the Comprehensive Justice and Mental Health Act of 2015 (S. 993, 114th Congress), is amended—

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

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

(3) by adding at the end the following:

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

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

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

(a) DEFINITIONS.—In this section—

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

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

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

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

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

(C) for a certified opioid treatment program; or

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

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

(b) PLANNING AND IMPLEMENTATION GRANTS.—

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

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

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

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

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

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

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

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

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

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

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

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

(3) PLANNING GRANT APPLICATIONS.—

(A) APPLICATION.—

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

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

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

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

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

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

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

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

(4) IMPLEMENTATION GRANTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

(vi) require consultation with the Single State Authority for Substance Abuse (as defined in section 201(e) of the Second Chance Act of 2007 (42 U.S.C. 17521(e))); and

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

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

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

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

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

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

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

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

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

(B) has in effect legislation or implements a policy under which the State shall not terminate, but may suspend, enrollment under the State plan for medical assistance under

title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) for an individual who is incarcerated for a period of fewer than 2 years;

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

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

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

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

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

TITLE VII—MISCELLANEOUS

SEC. 701. GAO REPORT ON IMD EXCLUSION.

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

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

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

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

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

SEC. 702. FUNDING.

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

''SEC. 2999E. FUNDING.

''There are authorized to be appropriated to the Attorney General and the Secretary of Health and Human Services to carry out this part $62,000,000 for each of fiscal years 2016 through 2020.''.

SEC. 703. CONFORMING AMENDMENTS.

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

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

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

SEC. 704. GRANT ACCOUNTABILITY.

(a) GRANTS UNDER PART II OF TITLE I OF THE OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968.—Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.); as amended by section 702, is amended by adding at the end the following:

''SEC. 2999F. GRANT ACCOUNTABILITY.

''(a) DEFINITIONS.—In this section—

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

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

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

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

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

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

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

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

''(A) the Department of Justice; and

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

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

''(A) the Attorney General; and

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

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

''(1) AUDIT REQUIREMENT.—

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

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

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

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

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

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

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

''(2) NONPROFIT ORGANIZATION REQUIREMENTS.—

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

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

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

''(3) CONFERENCE EXPENDITURES.—

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

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

''(C) REPORT.—

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

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

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

''(A) indicating whether—

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

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

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

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

''(c) PREVENTING DUPLICATIVE GRANTS.—

''(1) IN GENERAL.—Before a covered official awards a grant to an applicant under this part, the covered official shall compare potential grant awards with other grants

awarded under this part by the covered official to determine if duplicate grant awards are awarded for the same purpose.

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

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

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

(b) OTHER GRANTS.—

(1) DEFINITIONS.—In this subsection—

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

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

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

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

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

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

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

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

(i) the Department of Justice; and

(ii) the Department of Health and Human Services;

(C) the term ''covered grant'' means a grant under section 201, 302, or 601 of this Act or section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) (as amended by section 501 of this Act); and

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

(i) the Attorney General; and

(ii) the Secretary of Health and Human Services.

(2) ACCOUNTABILITY.—All covered grants awarded by a covered official shall be subject to the following accountability provisions:

(A) AUDIT REQUIREMENT.—

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

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

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

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

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

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

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

(B) NONPROFIT ORGANIZATION REQUIREMENTS.—

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

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

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

(C) CONFERENCE EXPENDITURES.—

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

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

(iii) REPORT.—

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

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

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

(i) indicating whether—

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

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

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

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

(3) PREVENTING DUPLICATIVE GRANTS.—

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

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

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

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

SA 3379. Ms. BALDWIN (for herself, Mr. MARKEY, and Mr. MENENDEZ) 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 appropriate place, insert the following:

SEC. ___. FUNDING FOR OPIOID AND HEROIN ABUSE PREVENTION AND TREATMENT.

(a) SHORT TITLE.—This section may be cited as the ''Opioid and Heroin Abuse Crisis Investment Act''.

(b) FUNDING.—There are authorized to be appropriated, and are appropriated, out of monies in the Treasury not otherwise obligated, $1,164,600,000 for the period of fiscal years 2017 and 2018, to improve opioid prescribing practices to reduce opioid use disorders and overdose, to be made available in accordance with this section.

(c) STATE TARGETED RESPONSE COOPERATIVE AGREEMENTS.—Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by inserting after section 509 the following:

''SEC. 510. STATE TARGETED RESPONSE COOPERATIVE AGREEMENTS.

''(a) IN GENERAL.—The Secretary shall enter into additional targeted response cooperative agreements with States under this title to expand opioid treatment capacity and make services more affordable to those who cannot afford such services.

''(b) AWARDING OF FUNDING.—The Secretary shall allocate funding to States under this section based on—

''(1) the severity of the opioid epidemic in the State; and

''(2) the strength of the strategy of the State to respond to such epidemic.

''(c) USE OF FUNDS.—Amounts received by a State under this section shall be used to expand treatment capacity and make services more affordable to those who cannot afford such services and to help individuals seek treatment, successfully complete treatment, and sustain recovery.

''(d) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this section, $460,000,000 for each of fiscal years 2017 and 2018.''.

(d) TREATMENT FOR PRESCRIPTION DRUG ABUSE AND HEROIN USE.—Section 331(b) of the Public Health Service Act (42 U.S.C. 254d(b)) is amended by adding at the end the following:

''(3)(A) The Secretary shall use amounts made available under subparagraph (B) to

support enhanced loan repayment awards to increase the number of clinicians in the Corps with medication assisted treatment training to treat individuals with opioid use disorders through loan repayments to clinicians.

''(B) From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this paragraph, $25,000,000 for each of fiscal years 2017 and 2018.''.

(e) EVALUATION OF MEDICATION-ASSISTED TREATMENT.—Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by inserting after section 510, as added by subsection (c)) the following:

''SEC. 511. EVALUATION OF MEDICATION-ASSISTED TREATMENT.

''(a) IN GENERAL.—In order to assess the treatment outcomes of patients with opioid addiction receiving medication-assisted treatment, the Secretary shall evaluate the short, medium, and long-term outcomes of such substance abuse treatment programs in order to increase effectiveness in reducing opioid use disorders, overdose, and death.

''(b) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this section, $15,000,000 for each of fiscal years 2017 and 2018.''.

(f) MEDICATION-ASSISTED TREATMENT FOR PRESCRIPTION DRUG AND OPIOID ADDICTION.—Section 509 of the Public Health Service Act (42 U.S.C. 290bb-2) is amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e), the following:

''(f) MEDICATION-ASSISTED TREATMENT FOR PRESCRIPTION DRUG AND OPIOID ADDICTION.—

''(1) IN GENERAL.—In carrying out this section, the Secretary shall use amounts made available under paragraph (3) to award grants to States to expand or enhance medication assisted treatment utilizing medications approved by the Food and Drug Administration in combination with psychosocial services, recovery support services, and coordination with HIV or hepatitis C direct services.

''(2) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $50,100,000 for fiscal year 2017.''.

(g) BUPRENORPHINE-PRESCRIBING AUTHORITY DEMONSTRATION.—

(1) IN GENERAL.—To increase the availability of medication-assisted treatment services for prescription drug and opioid addiction, the Secretary of Health and Human Services shall use amounts made available under paragraph (3) to establish a demonstration project to test the safety and effectiveness of allowing the prescribing of buprenorphine by non-physician advance practice providers in accordance with the providers' prescribing authority under applicable State law.

(2) TARGETING.—In carrying out the demonstration project under paragraph (1), the Secretary of Health and Human Services shall target populations and geographic areas that are most affected by both high-need and limited access to physicians authorized to prescribe buprenorphine.

(3) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $10,000,000 for fiscal year 2017.

(4) DEMONSTRATION PROJECT.—

(A) IN GENERAL.—Notwithstanding subparagraph (B)(i) of section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)(i)), the Secretary of Health and Human Services may, using amounts made available in this Act to carry out title V of the Public Health Service Act, establish and carry out a demonstration project through fiscal year 2021 in which, for purposes of prescribing buprenorphine under such section 303(g)(2), the term ''practitioner'' shall be deemed to include non-physician providers authorized to prescribe buprenorphine by the jurisdiction in which the provider is licensed and who meet such criteria as determined appropriate by the Secretary, in consultation with the Attorney General, for participation in the project.

(B) LIMITATION.—In implementing the demonstration project under subparagraph (A), the Secretary of Health and Human Services and the Attorney General shall not be subject to the requirements of section 553 of title 5, United States Code.

(C) GRANTS.—The Secretary of Health and Human Services may enter into grants, contracts, or cooperative agreements with one or more research institutions, and public and nonprofit entities to assist in carrying out the demonstration project under subparagraph (A). Amounts available for fiscal year 2016 to the Attorney General for carrying out such section 303 of the Controlled Substances Act shall also be available to the Attorney General to facilitate and support the efficient operation of the demonstration project under this paragraph.

(D) TERMINATION OF AUTHORITY.—Any authority provided under this paragraph for a provider to prescribe buprenorphine shall end not later than the date on which such provider ceases to participate in the demonstration project under this paragraph.

(h) DISSEMINATION OF GUIDELINES FOR PREVENTING PRESCRIPTION DRUG OVERDOSE.—Section 317 of the Public Health Service Act (42 U.S.C. 247b) is amended by adding at the end the following:

''(n) DISSEMINATION OF GUIDELINES FOR PREVENTING PRESCRIPTION DRUG OVERDOSE.—

''(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention shall disseminate guidelines to improve opioid prescribing practices to reduce opioid use disorders and overdose.

''(2) USE OF FUNDS.—In carrying out this subsection, the Director of the Centers for Disease Control and Prevention shall use amounts made available under paragraph (3) to—

''(A) pilot test, evaluate, and adapt comprehensive tools and dissemination strategies to convey opioid prescribing guidelines of the Centers for Disease Control and Prevention in succinct, usable formats accessible to health care providers;

''(B) develop, evaluate, and publicly disseminate clinical decision support tools derived from the opioid prescribing guidelines of the Centers for Disease Control and Prevention;

''(C) establish training modules in partnership with professional societies and health systems, including online modules available for continuing medical education credits and maintenance of certification; and

''(D) coordinate with Office of the National Coordinator for Health Information Technology to ensure that guidelines developed under this subsection are effectively disseminated and translated into clinical support tools for integration into clinical workflow.

''(3) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $10,000,000 for fiscal year 2017.''.

(i) RURAL OPIOID OVERDOSE REVERSAL GRANT PROGRAM.—Section 330A of the Public Health Service Act (42 U.S.C. 254c) is amended—

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

(2) by inserting after subsection (i), the following:

''(j) RURAL OPIOID OVERDOSE REVERSAL GRANT PROGRAM.—

''(1) IN GENERAL.—The Director may award grants to eligible entities to implement activities for the prevention, intervention, and treatment of opioid misuse and overdose.

''(2) ELIGIBILITY.—To be eligible to receive a grant under this subsection, an entity—

''(A) shall be a rural public or rural nonprofit private entity; and

''(B) shall represent a network composed of participants—

''(i) that include 3 or more health care providers; and

''(ii) that may be nonprofit or for-profit entities.

''(3) USE OF FUNDS.—Amounts awarded under a grant under this subsection shall be used—

''(A) to provide opioid misuse education and prevention services;

''(B) to provide training to licensed health care professionals and first responders in the recognition of the signs of opioid overdose and learn the appropriate way to administer naloxone;

''(C) to provide appropriate transportation services to a hospital or clinic for continued care after administration;

''(D) to refer those individuals with a drug dependency to an appropriate substance use disorder treatment centers where care coordination is provided by a team of providers; and

''(E) to purchase naloxone and opioid overdose reversal devices.

''(4) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $10,000,000 for fiscal year 2017.''.

(j) PRESCRIPTION DRUG OVERDOSE INITIATIVE.—Section 3001(c) of the Public Health Service Act (42 U.S.C. 300jj-11(c)) is amended by adding at the end the following:

''(9) PRESCRIPTION DRUG OVERDOSE INITIATIVE.—

''(A) IN GENERAL.—The Secretary, acting through the National Coordinator, shall use amounts made available under subparagraph (B) to expand efforts to harmonize technical standards to support prescription drug monitoring programs and health information technology interoperability.

''(B) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $5,000,000 for fiscal year 2017.''.

(k) BUREAU OF PRISONS TREATMENT PROGRAMS.—Section 4042 of title 18, United States Code, is amended by adding at the end the following:

''(e) TREATMENT PROGRAMS.—

''(1) IN GENERAL.—The Director of the Bureau of Prisons shall use amounts made available under paragraph (2) to support drug treatment programs within the Bureau of Prisons, including expanding the medication-assisted treatment pilot.

''(2) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $3,000,000 for fiscal year 2017.''.

(l) SECOND CHANCE ACT OF 2007.—Section 201 of the Second Chance Act of 2007 (42 U.S.C. 17521) is amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e), the following:

''(f) COMMUNITY REINTEGRATION.—

''(1) IN GENERAL.—The Attorney General shall use amounts made available under paragraph (2) to carry out activities to reduce recidivism and increase public safety by helping justice-involved individuals successfully reintegrate into the community, including by carrying out activities including providing treatment for co-occurring disorders and providing family-based substance abuse treatment.

''(2) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $50,000,000 for fiscal year 2017.''.

(m) RESIDENTIAL SUBSTANCE ABUSE TREATMENT.—Section 503 of the Controlled Substances Act (21 U.S.C. 873) is amended by adding at the end the following:

''(e)(1) In carrying out this section, the Attorney General may use amounts made available under paragraph (2) to provide support for State, local, and tribal governments in the development of residential and aftercare services for substance-involved inmates.

''(2) From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this subsection, $14,000,000 for fiscal year 2017.''.

(n) HEROIN ENFORCEMENT GROUPS.—Part E of the Controlled Substances Act (21 U.S.C. 871 et seq.) is amended by adding at the end the following:

''SEC. 521. HEROIN ENFORCEMENT GROUPS.

''(a) IN GENERAL.—The Attorney General shall use amounts made available under subsection (b) to establish new heroin enforcement groups with the Drug Enforcement Administration to target, disrupt, and dismantle heroin trafficking organizations.

''(b) FUNDING.—From amounts appropriated under subsection (b) of the Opioid and Heroin Abuse Crisis Investment Act, there shall be made available to carry out this section, $12,500,000 for fiscal year 2017.''.

(o) EMERGENCY DESIGNATIONS.—

(1) IN GENERAL.—This section is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

(2) DESIGNATION IN SENATE.—In the Senate, this section is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.

SA 3380. Mr. TESTER 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. ___. GRANTS FOR DEVELOPING ALTERNATIVES TO OPIOID DRUGS.

Section 409J of the Public Health Service Act (42 U.S.C. 284q) is amended by adding at the end the following:

''(c) GRANTS FOR DEVELOPING ALTERNATIVES TO OPIOID DRUGS.—The Director of NIH may award grants in collaboration with the Pain Consortium for increasing research and development opportunities to accelerate the development of drugs that are alternatives to opioids for effective pain treatments.''.

SA 3381. Mr. MARKEY (for himself and Mr. PAUL) 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—TREAT ACT

SEC. 801. SHORT TITLE.

This title may be cited as the ''Recovery Enhancement for Addiction Treatment Act'' or the ''TREAT Act''.

SEC. 802. FINDINGS.

Congress finds the following:

(1) Overdoses from opioids have increased dramatically in the United States.

(2) Deaths from drug overdose, largely from prescription pain relievers, have tripled among men and increased five-fold among women over the past decade.

(3) Nationwide, drug overdoses now claim more lives than car accidents.

(4) Opioid addiction is a chronic disease that, untreated, places a large burden on the healthcare system. Roughly 475,000 emergency room visits each year are attributable to the misuse and abuse of opioid pain medication.

(5) Effective medication-assisted treatment for opioid addiction, in combination with counseling and behavioral therapies, can decrease overdose deaths, be cost-effective, reduce transmissions of HIV and viral hepatitis, and reduce other social harms such as criminal activity.

(6) Effective medication-assisted treatment programs for opioid addiction should include multiple components, including medications, cognitive and behavioral supports and interventions, and drug testing.

(7) Effective medication-assisted treatment programs for opioid addiction may use a team of staff members, in addition to a prescribing provider, to deliver comprehensive care.

(8) Access to medication-assisted treatments, including office-based buprenorphine opioid treatment, remains limited in part due to current practice regulations and an insufficient number of providers.

(9) More than 10 years of experience in the United States with office-based buprenorphine opioid treatment has informed best practices for delivering successful, high quality care.

SEC. 803. EXPANSION OF PATIENT LIMITS UNDER WAIVER.

Section 303(g)(2)(B) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)) is amended—

(1) in clause (i), by striking ''physician'' and inserting ''practitioner'';

(2) in clause (iii)—

(A) by striking ''30'' and inserting ''100''; and

(B) by striking '', unless, not sooner'' and all that follows through the end and inserting a period; and

(3) by inserting at the end the following new clause:

''(iv) Not earlier than 1 year after the date on which a qualifying practitioner obtained an initial waiver pursuant to clause (iii), the qualifying practitioner may submit a second notification to the Secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients, if the qualifying practitioner—

''(I)(aa) satisfies the requirements of item (aa), (bb), (cc), or (dd) of subparagraph (G)(ii)(I); and

''(bb) agrees to fully participate in the Prescription Drug Monitoring Program of the State in which the qualifying practitioner is licensed, pursuant to applicable State guidelines; or

''(II)(aa) satisfies the requirements of item (ee), (ff), or (gg) of subparagraph (G)(ii)(I);

''(bb) agrees to fully participate in the Prescription Drug Monitoring Program of the State in which the qualifying practitioner is licensed, pursuant to applicable State guidelines;

''(cc) practices in a qualified practice setting; and

''(dd) has completed not less than 24 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) with respect to the treatment and management of opiate-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.''.

SEC. 804. DEFINITIONS.

Section 303(g)(2)(G) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)) is amended—

(1) by striking clause (ii) and inserting the following:

''(ii) The term 'qualifying practitioner' means the following:

''(I) A physician who is licensed under State law and who meets 1 or more of the following conditions:

''(aa) The physician holds a board certification in addiction psychiatry from the American Board of Medical Specialties.

''(bb) The physician holds an addiction certification from the American Society of Addiction Medicine.

''(cc) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

''(dd) The physician holds a board certification from the American Board of Addiction Medicine.

''(ee) The physician has completed not less than 8 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) with respect to the treatment and management of opiate-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.

''(ff) The physician has participated as an investigator in 1 or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by this sponsor of such approved drug.

''(gg) The physician has such other training or experience as the Secretary determines will demonstrate the ability of the physician to treat and manage opiate-dependent patients.

''(II) A nurse practitioner or physician assistant who is licensed under State law and meets all of the following conditions:

''(aa) The nurse practitioner or physician assistant is licensed under State law to prescribe schedule III, IV, or V medications for pain.

''(bb) The nurse practitioner or physician assistant satisfies 1 or more of the following:

''(AA) Has completed not fewer than 24 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) with respect to the treatment and

management of opiate-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.

''(BB) Has such other training or experience as the Secretary determines will demonstrate the ability of the nurse practitioner or physician assistant to treat and manage opiate-dependent patients.

''(cc) The nurse practitioner or physician assistant practices under the supervision of a licensed physician who holds an active waiver to prescribe schedule III, IV, or V narcotic medications for opioid addiction therapy, and—

''(AA) the supervising physician satisfies the conditions of item (aa), (bb), (cc), or (dd) of subclause (I); or

''(BB) both the supervising physician and the nurse practitioner or physician assistant practice in a qualified practice setting.

''(III) A nurse practitioner who is licensed under State law and meets all of the following conditions:

''(aa) The nurse practitioner is licensed under State law to prescribe schedule III, IV, or V medications for pain.

''(bb) The nurse practitioner has training or experience that the Secretary determines demonstrates specialization in the ability to treat opiate-dependent patients, such as a certification in addiction specialty accredited by the American Board of Nursing Specialties or the National Commission for Certifying Agencies, or a certification in addiction nursing as a Certified Addiction Registered Nurse—Advanced Practice.

''(cc) In accordance with State law, the nurse practitioner prescribes opioid addiction therapy in collaboration with a physician who holds an active waiver to prescribe schedule III, IV, or V narcotic medications for opioid addiction therapy.

''(dd) The nurse practitioner practices in a qualified practice setting.''; and

(2) by adding at the end the following:

''(iii) The term 'qualified practice setting' means 1 or more of the following treatment settings:

''(I) A National Committee for Quality Assurance-recognized Patient-Centered Medical Home or Patient-Centered Specialty Practice.

''(II) A Centers for Medicaid & Medicare Services-recognized Accountable Care Organization.

''(III) A clinical facility administered by the Department of Veterans Affairs, Department of Defense, or Indian Health Service.

''(IV) A Behavioral Health Home accredited by the Joint Commission.

''(V) A Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))) or a Federally-qualified health center look-alike.

''(VI) A Substance Abuse and Mental Health Services-certified Opioid Treatment Program.

''(VII) A clinical program of a State or Federal jail, prison, or other facility where individuals are incarcerated.

''(VIII) A clinic that demonstrates compliance with the Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office issued by the Federation of State Medical Boards.

''(IX) A treatment setting that is part of an Accreditation Council for Graduate Medical Education, American Association of Colleges of Osteopathic Medicine, or American Osteopathic Association-accredited residency or fellowship training program.

''(X) Any other practice setting approved by a State regulatory board or State Medicaid Plan to provide addiction treatment services.

''(XI) Any other practice setting approved by the Secretary.''.

SEC. 805. GAO EVALUATION.

Two years after the date on which the first notification under clause (iv) of section 303(g)(2)(B) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)), as added by this title, is received by the Secretary of Health and Human Services, the Comptroller General of the United States shall initiate an evaluation of the effectiveness of the amendments made by this title, which shall include an evaluation of—

(1) any changes in the availability and use of medication-assisted treatment for opioid addiction;

(2) the quality of medication-assisted treatment programs;

(3) the integration of medication-assisted treatment with routine healthcare services;

(4) diversion of opioid addiction treatment medication;

(5) changes in State or local policies and legislation relating to opioid addiction treatment;

(6) the use of nurse practitioners and physician assistants who prescribe opioid addiction medication;

(7) the use of Prescription Drug Monitoring Programs by waived practitioners to maximize safety of patient care and prevent diversion of opioid addiction medication;

(8) the findings of Drug Enforcement Administration inspections of waived practitioners, including the frequency with which the Drug Enforcement Administration finds no documentation of access to behavioral health services; and

(9) the effectiveness of cross-agency collaboration between Department of Health and Human Services and the Drug Enforcement Administration for expanding effective opioid addiction treatment.

SA 3382. Mr. MARKEY (for himself and 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:

SEC. ___. CONTINUING EDUCATION REQUIREMENTS FOR CERTAIN PRACTITIONERS PRESCRIBING CONTROLLED SUBSTANCES.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended—

(1) in subsection (f), in the matter preceding paragraph (1), by striking ''The Attorney General shall register'' and inserting ''Subject to subsection (j), the Attorney General shall register''; and

(2) by adding at the end the following:

''(j)(1) In this subsection, the term 'covered practitioner' means a practitioner that is not a hospital, pharmacy, or veterinarian.

''(2)(A) Except as provided in subparagraph (B), as a condition of granting or renewing the registration of a covered practitioner under this part to dispense, or conduct research with, controlled substances in schedule II, III, IV, or V, the Attorney General shall require, before each such grant or renewal of registration, that the covered practitioner complete training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that the Secretary of Health and Human Services determines meets the requirements under paragraph (3).

''(B) Subparagraph (A) shall not apply to the granting or renewal of a registration described in subparagraph (A) if the registration is solely for dispensing non-narcotic controlled substances or substances on schedule IV or V.

''(3) The training provided for purposes of paragraph (2) shall, at a minimum, expose covered practitioners to—

''(A) best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

''(B) responsible prescribing of pain medications, as described in Federal prescriber guidelines for nonmalignant pain;

''(C) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications approved by the Food and Drug Administration and evidence-based nonpharmacological therapies;

''(D) linking patients to evidence-based treatment for substance use disorders; and

''(E) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.

''(4) The Substance Abuse and Mental Health Services Administration shall establish or support the establishment of not less than 1 training module that meets the requirements under paragraph (3) that is provided—

''(A) to any covered practitioner registered or applying for a registration under this part to dispense, or conduct research with, controlled substances in schedule II, III, IV, or V;

''(B) online; and

''(C) free of charge.

''(5) The Secretary of Health and Human Services shall establish, maintain, and periodically update a publically available database providing information relating to training modules that meet the requirements under paragraph (3).

''(6) Not later than 5 years after the date of enactment of this subsection, the Secretary of Health and Human Services shall evaluate and make publically available a report describing how exposure to the training required under this subsection has changed prescribing patterns of controlled substances.''.

SA 3383. Mr. MARKEY 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. ___. SUSPENSION OF MEDICAID BENEFITS FOR INMATES OF PUBLIC INSTITUTIONS.

(a) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended by inserting after paragraph (77) the following new paragraph:

''(78) provide that the State shall not terminate (but may suspend) enrollment under a State plan for medical assistance for an individual who is an inmate of a public institution and was enrolled for medical assistance under the State plan immediately before becoming an inmate of such a public institution or who becomes eligible to enroll for such medical assistance while an inmate of a public institution;''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendment made by subsection (a) shall apply to the eligibility and enrollment of individuals who become inmates of public institutions on or after the date that is 1 year after the date of the enactment of this Act.

(2) RULE FOR CHANGES REQUIRING STATE LEGISLATION.—In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SA 3384. Mr. MARKEY 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. ADVISORY COMMITTEE FOR APPROVAL OF NEW OPIOID DRUGS.

Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) is amended by adding at the end the following:

''(y) ADVISORY COMMITTEE REGARDING OPIOID DRUGS.—Notwithstanding any other provision of this Act, the Secretary shall convene a panel of experts, which shall expressly consider the issues of addiction, abuse, and dependence—

''(1) to review an application submitted under subsection (b) or (j) for a new drug that is an opioid before the Secretary may approve such application; and

''(2) to review a supplement to an application approved under this section for a drug that is an opioid before the Secretary may approve such supplement.''.

SA 3385. Mr. DAINES (for himself and Mr. PETERS) 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, strike line 23 and insert the following:

disorder, service-connected post-traumatic stress disorder, military sexual trauma, or a service-connected traumatic brain injury, as determined on a case-by-case basis.''.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Agriculture, Nutrition, and Forestry be authorized to meet during the session of the Senate on March 1, 2016, at 10 a.m., in room 328A of the Russell Senate Office Building, to conduct a hearing entitled ''Business Meeting: To consider the Chairman's Mark on Biotechnology Labeling Solutions.''

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

COMMITTEE ON ARMED SERVICES

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on March 1, 2016, at 9:30 a.m.

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

COMMITTEE ON FINANCE

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on March 1, 2016, at 10:30 a.m., in room SD–215 of the Dirksen Senate Office Building, to conduct a hearing entitled ''The Multiemployer Pension Plan System: Recent Reforms and Current Challenges.''

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. THUNE. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on March 1, 2016, at 2:30 p.m., in room SH–219 of the Hart Senate Office Building.

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

SUBCOMMITTE ON AIRLAND

Mr. THUNE. Mr. President, I ask unanimous consent that the Subcommittee on Airland of the Committee on Armed Services be authorized to meet during the session of the Senate on March 1, 2016, at 3 p.m.

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

SUBCOMMITTEE ON STATE DEPARTMENT AND USAID MANAGEMENT, INTERNATIONAL OPERATIONS, AND BILATERAL INTERNATIONAL DEVELOPMENT

Mr. THUNE. Mr. President, I ask unanimous consent that the Subcommittee on State Department and USAID Management, International Operations, and Bilateral International Development be authorized to meet during the session of the Senate on March 1, 2016, at 2:30 p.m., to conduct a hearing entitled ''A Review of the FY 2017 State and USAID Budget Request.''

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

UNANIMOUS CONSENT AGREEMENT—S. 524

Mr. MCCONNELL. Mr. President, I ask unanimous consent that following leader remarks on Wednesday, March 2, the motion to proceed to Calendar No. 369, S. 524, be agreed to, that the committee-reported substitute amendment be withdrawn, that Senator GRASSLEY or his designee be recognized to offer a substitute amendment, No. 3378, and that the first three first-degree amendments in order be the following: 3362, which is a Feinstein-Grassley amendment; 3345, Shaheen; 3367, Toomey; and that Senator GRASSLEY or his designee be permitted to offer a side-by-side amendment to the Shaheen amendment and that Senator LEAHY or his designee be permitted to offer a side-by-side amendment to the Toomey amendment.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

RARE DISEASE DAY

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged and the Senate proceed to the immediate consideration of S. Res. 380.

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

The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 380) designating February 29, 2016 as ''Rare Disease Day.''

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I know of no further debate on the resolution.

The PRESIDING OFFICER. Is there further debate?

If not, the question is on agreeing to the resolution.

The resolution (S. Res. 380) was agreed to.

Mr. MCCONNELL. Mr. President, I finally ask unanimous consent that 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 preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of February 29, 2016, under ''Submitted Resolutions.'')

CONGRATULATING THE COMMUNITY COLLEGES OF IOWA

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 382, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 382) congratulating the community colleges of Iowa for 50 years of outstanding service to the State of Iowa, the United States, and the world.

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. 382) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under ''Submitted Resolutions.'')

APPOINTMENT

The PRESIDING OFFICER. The Chair, on behalf of the President pro tempore, pursuant to Public Law 94–201, as amended by Public Law 105–275, appoints the following individual as a member of the Board of Trustees of the American Folklife Center of the Library of Congress: Jean M. Dorton of Kentucky.

ORDERS FOR WEDNESDAY, MARCH 2, 2016

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Wednesday, March 2; 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 begin consideration of S. 524, as under the previous order.

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

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

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.

There being no objection, the Senate, at 6:28 p.m., adjourned until Wednesday, March 2, 2016, at 9:30 a.m.