

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

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

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

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

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

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

*To the Congress of the United States:*

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

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

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

COMPREHENSIVE OPIOID ABUSE REDUCTION ACT OF 2016

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5046, about to be considered by the House.

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

There was no objection.

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

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

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IN THE COMMITTEE OF THE WHOLE

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

The Clerk read the title of the bill.

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

The gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

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

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

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

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

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

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

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

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

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

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

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

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

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