United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 114th CONGRESS, SECOND SESSION

Vol. 162 WASHINGTON, FRIDAY, MAY 13, 2016 No. 76

Senate

The Senate was not in session today. Its next meeting will be held on Monday, May 16, 2016, at 2 p.m.

House of Representatives

FRIDAY, MAY 13, 2016

The House met at 9 a.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

Merciful God, we give You thanks for giving us another day.

Help us this day to draw closer to You so that with Your spirit, and aware of Your presence among us, we may all face the tasks of this day.

Bless the Members of the people's House. Help them to think clearly, speak confidently, and act courageously in the belief that all noble service is based upon patience, truth, and love.

Give them the wisdom and the courage to fail not their fellow citizens nor You.

May all that is done this day be for Your greater honor and glory.

Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. COLLINS of Georgia. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker announced that the ayes appeared to have it.

Mr. COLLINS of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Texas (Mr. OLSON) come forward and lead the House in the Pledge of Allegiance.

Mr. OLSON 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.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

NATIONAL POLICE WEEK

(Mr. OLSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OLSON. Mr. Speaker, this week, the people's House celebrates National Police Week.

We celebrate heroes like our colleague, DAVE REICHERT, who caught the Green River killer after 20 years.

We celebrate heroes like Ann Carrizales from Stafford, Texas, who was shot in the face and near her heart and sped off at over 100 miles per hour to apprehend the thugs who shot her.

We celebrate heroes like these young teenagers from my hometown of Sugar Land, Texas, who sold lemonade for cops because blue lives matter.

We celebrate lives like Harris County Deputy Sheriff Darren Goforth, who last year was gunned down in cold blood—shot 15 times in the back of his head and his backside. He was pumping gas in his uniform with his cruiser.

Heroes like DAVE REICHERT, Ann Carrizales, Darren Goforth, and young Texans selling lemonade have a message for America: Blue lives matter.

MEDIA IGNORE RELEASE OF CRIMINAL IMMIGRANTS

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, a new report by U.S. Immigration and Customs Enforcement reveals that last year the Obama administration released 20,000 illegal immigrants convicted of crimes into our communities. Together, they had committed 64,000 crimes, including kidnapping, homicide, drunken driving, and sexual assault.

Instead of putting the safety of Americans first, the Obama administration often gives a free pass to violent criminals who are in the United States illegally.

This report should have been national news. However, many outlets, such as the L.A. Times, Washington

Printed on recycled paper.

Post, and Associated Press, as well as the major television networks—ABC, NBC, and CBS—failed to cover this horrific report.

The American people deserve to know the truth about our immigration policies and the damaging consequences of the Obama administration's actions. When the national media intentionally fail to report the facts, the American people are the ones who literally suffer the consequences.

TITAN ROBOTICS FROM TRINITY SCHOOL AT GREENLAWN

(Mrs. WALORSKI asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. WALORSKI. Mr. Speaker, I rise today to recognize the Titan Robotics team from Trinity School at Greenlawn in South Bend. Next week, they will travel to California to compete in the Legoland North American Open Invitational Championship.

I recently had the opportunity to speak with these students about their project, in which they were challenged to find new ways to help the environment.

They discovered that recycling labels on plastic wrappers were often hidden or unclear, making consumers less likely to recycle. After hours of research, they proposed a solution: a new label with the recycle symbol that would wrap around the plastic wrappers on the outside, making it easier to see if the product is recyclable. And they proposed a different label to inform consumers if the product is not recyclable.

Mr. Speaker, I commend these kids for their hard work and wish them the best of luck at their competition.

I also want to thank the parents, coaches, teachers, principals, and everyone in the community who supported them.

PRESCRIPTION DRUG ABUSE

(Mr. HARDY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HARDY. Mr. Speaker, drug overdose is now the leading cause of accidental death in America, and prescription painkillers account for 40 percent of those 47,000 deaths.

No one debates that these powerful medications can serve an important role in pain management, but we cannot ignore the ability to entrap innocent and unintended victims. That is why we are taking steps to protect those endangered by this epidemic.

With bills passed this week, we are improving training and providing resources for medical providers and pharmacists, making sure that Federal agencies work better together, and reducing excess amounts of unused meds in the homes of patients with short-term needs so that excess medicine can be available for those still in need instead of falling into the hands of children and family members.

There is always more we can do and will do in the future, but today is the day that America has started on the road to recovery.

HONORING MAYOR JOHN G. WARNER

(Mr. POLIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POLIS. Mr. Speaker, it is with great honor that I rise before this body of Congress to recognize Dr. John Warner of Breckenridge, Colorado. John has served on the town council of Breckenridge for 14 years and the last 8 years as mayor.

Being mayor of one of the country's premier resort communities has its challenges, but John has guided his community through both growth and uncertainty with integrity and passion. His steadfast commitment to making the place that residents call home a better place is an inspiration to us all.

The hallmark of John's tenure was sustainability, and many important projects resulted from his efforts, like the new recycling facility, three solar projects, hybrid vehicles in the town's fleet, and a sustainability certification program for businesses.

Despite many complicated issues, John took each one with a calm assuredness and a balanced approach.

Mr. Speaker, it is with great pride that I rise to pay tribute to Dr. John G. Warner on behalf of the residents of the Second Congressional District and myself. His contributions to the town of Breckenridge will remain his legacy for many years to come.

HONORING SERGEANT JOHN SCHULTZ

(Mr. MCKINLEY asked and was given permission to address the House for 1 minute.)

Mr. MCKINLEY. Mr. Speaker, this week is indeed National Police Week, a time to honor and commemorate the sacrifices of the courageous men and women who serve in law enforcement. They keep our communities strong and our neighborhoods safe.

Today, I want to particularly recognize Sergeant John Schultz of the Wheeling Police Department for his 20 years of service and for always putting others first.

Sergeant Schultz has not only been a proud police officer, but he has also served abroad in Desert Storm and Desert Shield. For the last 5 years, he has mentored local kids as a PRO at Wheeling Middle School.

His selfless service was evident last year when on June 2, he dove into a public pool fully clothed in boots, shoes, and weapons to successfully rescue a student who was unconscious at the bottom of the pool.

For this courageous deed and his admirable and respected career, he has been recognized by the National Association of Police Organizations for honorable mention for the prestigious TOP COPS Award.

Let's congratulate him for this honor and thank all of his law enforcement colleagues who dedicate their lives every day to the well-being of all of our fellow citizens.

PROVIDING FOR CONSIDERATION OF S. 524, COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

Mr. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 725 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 725

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (S. 524) to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use. All points of order against consideration of the bill are waived. An amendment in the nature of a substitute consisting of the respective texts of the bills specified in section 2(a) of this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) one hour of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on the Judiciary; and (2) one motion to commit with or without instructions.

SEC. 2. (a) The bills referred to in the first section of this resolution are as follows: H.R. 4641, H.R. 5046, H.R. 4063, H.R. 4985, H.R. 5048, H.R. 5052, H.R. 4843, H.R. 4978, H.R. 3680, H.R. 3691, H.R. 1818, H.R. 4969, H.R. 4586, H.R. 4599, H.R. 4976, H.R. 4982, H.R. 4981, and H.R. 1725, in each case as passed by the House.

(b) In forming the amendment in the nature of a substitute referred to in the first section of this resolution, the Clerk—

(1) shall assign appropriate designations to provisions within the amendment in the nature of a substitute;

(2) shall conform cross-references and provisions for short titles within the amendment in the nature of a substitute; and

(3) is authorized to make technical corrections within the amendment in the nature of a substitute, to include corrections in spelling, punctuation, page and line numbering, section numbering, and insertion of appropriate headings.

SEC. 3. Upon passage of S. 524 the title of such bill is amended to read as follows: ''To authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes.''.

SEC. 4. If S. 524, as amended, is passed, then it shall be in order for the chair of the Committee on Energy and Commerce or his designee to move that the House insist on its

amendments to S. 524 and request a conference with the Senate thereon.

The SPEAKER pro tempore (Mr. HARDY). The gentleman from Georgia is recognized for 1 hour.

Mr. COLLINS of Georgia. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on House Resolution 725, currently under consideration.

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

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, I am pleased to bring this rule forward on behalf of the Rules Committee. The rule provides for consideration of S. 524, the Comprehensive Addiction and Recovery Act.

The rule provides for 1 hour of debate equally divided among and controlled by the chairs and ranking minority members of the Energy and Commerce Committee and the Judiciary Committee.

□ 0915

The rule also provides for an amendment in the nature of a substitute that consists of the 18 bills passed by the House this week to combat the opioid epidemic. Under the rule, if S. 524 is passed, it will be in order for the chairman of the Energy and Commerce Committee to request a conference with the Senate on the House-passed package of bills.

Let me just emphasize this again for Members so they will understand the process. What we will do under the rule, if S. 524 is passed, it will then be made in order for the chairman of the Energy and Commerce Committee to request a conference with the Senate on the House-passed package of bills.

Each of these 18 bills included in the House package passed the House with strong bipartisan support. The level of support for these bills is a sign of the recognition that something must be done about the opioid epidemic.

You have seen Members who represent urban areas, Members who represent suburban areas, and Members like me who represent more rural areas support these bills. This problem does not discriminate. It is a nationwide issue, and it is taking a toll on communities all over our country. We need to act. With the passage of these bills, we are taking decisive action.

The Senate bill, the Comprehensive Addiction and Recovery Act, received unanimous support in that Chamber. I want to thank Senators PORTMAN and WHITEHOUSE for their leadership on that bill.

The House bills include elements of the Senate bill as well as additional measures. It is my hope that the conference provided for by these bills will yield the strongest possible measure. We need strong, swift, and decisive action to address the growing crisis of the opioid epidemic.

In the United States, more people die every year from drug overdoses than car accidents. As the debate has taken place here on the floor this week, I think the numbers have just been amazingly stark.

When you realize that a statistic like that, when the deaths from drug overdoses surpass car accidents, then we are dealing with something that begins to put it in perspective.

My home State of Georgia has 159 counties. In 2012, prescription drug overdoses led to deaths in 152 of those 159 counties, totaling 592 deaths. The opioid bills in the House package before us today help implement measures to prevent these tragedies.

Addiction is happening far too often with devastating consequences. Further, it is shown that prescription opioid abuse often leads to heroin abuse, compounding the problem. In fact, according to the Centers for Disease Control, 45 percent of people who used heroin were addicted to prescription opioid painkillers.

I mentioned this earlier in the week, but it is worth mentioning again now. I have had many conversations with sheriffs in my area in the Ninth District, which really runs on the I–85 corridor out of Atlanta and up into the northeast, and I keep in contact with them regularly.

My background with my father being in State Patrol, I know the law enforcement community very well. One of the first questions I always ask them—and in my 10 years, I was in the State House for over 6 years, and I have been up here now into my second term—I always ask: What is the biggest thing that you are seeing? What is the epidemic or what is the issue you most see?

Early on, it was methamphetamine. Especially in my rural area, my mountain area, methamphetamine still is very prevalent. But due to many of the restraints that were put in in Georgia—and I notice my friend here from Georgia as well—we worked in the State legislature to control the methamphetamine problem, and then the prescription opioid problem has developed.

Now what my sheriffs will tell me and my law enforcement community and my city police and others will tell me is that heroin is by far their fastest growing issue that they are seeing. It is hitting not just urban areas, it is hitting suburban areas, it is hitting very rural areas, and it is hitting across the income gap. Those who have been addicted to prescription opioids now find that heroin is cheaper to purchase and is cheaper to access.

The problem is, unlike many of the prescription opioid painkillers, the heroin issue is one in which they can take the first dose and it would be their last. This is something we cannot continue to look away from.

In Georgia, heroin deaths have increased 300 percent. That statistic alone should be a call to action. Nationwide, the number of people it affects is staggering. CDC statistics on opioid abuse show 18,893 overdose deaths related to prescription painkillers, and 10,574 overdose deaths related to heroin in 2014.

The opioid epidemic affects everyone. I believe that most people could tell you of a family member or friend who has suffered in some way because of this problem. And these problems aren't only affecting adults. They are affecting college-age students, high schoolers, children, and even the littlest among us, babies.

Every 25 minutes in our country babies are born with a dependency. This is tragic. Babies born addicted to opioids often struggle to survive, have dangerous health complications, and suffer from serious withdrawals.

These innocent children don't deserve this. They deserve a life full of promise. Instead, they face life-threatening challenges from the moment they are born. We can do better, and should do better. In fact, they suffer not only from the moment they are born, they are also suffering in the womb as well. This is an epidemic we have got to address.

Importantly, several of these bills in the House-passed package will help address this problem. For example, Congressman LOU BARLETTA introduced H.R. 4843, the Infant Plan of Safe Care Improvement Act.

This bill requires the Department of Health and Human Services to distribute information to States on best practices to develop safe care plans for infants affected by substance abuse and withdrawal symptoms.

H.R. 4978, the NAS Healthy Babies Act, introduced by Congressman EVAN JENKINS, requires a report on neonatal abstinence syndrome.

Another bill in this package deals with the problems that youth athletes may face if they are prescribed opiates for a sports-related injury. H.R. 4969, the John Thomas Decker Act of 2016, introduced by Congressman PAT MEEHAN from Pennsylvania, requires the CDC to study information and resources available to youth and families regarding the dangers of opioid use and abuse.

Still other bills relate to veterans and how we can help them. For example, the Comprehensive Opioid Abuse Reduction Act, introduced by Mr. SENSENBRENNER from Wisconsin, authorizes investments in veterans courts.

I believe there is another conversation that is going on in Congress right now concerning our criminal justice and criminal justice reform and things that we need to do to make sure that not only are we not using our jails as mental health facilities, but we are getting people the help that they need.

Some of the ways that you do that is found in treatment courts. Many of those are found in newer treatment courts, not just simply the substance abuse, but in veterans courts as well. We are going to continue to look at that.

In doing so, H.R. 4063, the Jason Simcakoski PROMISE Act, introduced by Congressman GUS BILIRAKIS, directs the Department of Defense and the Department of Veterans Affairs to jointly update the VA/DOD Clinical Practice Guideline, Management of Opioid Therapy for Chronic Pain. The bill also requires the VA to expand opioid safety initiatives.

I am a chaplain still in the Air Force Reserve. I served in Iraq. I saw firsthand the scars that the battlefield can leave, both physical and mental. We need support systems for our veterans like the ones provided for in H.R. 5046 and H.R. 4063.

We need to address their pain, and we need to ensure they have an avenue to get the help they need. I believe the bills this rule provides for will take steps to make that happen. Our veterans deserve our very best.

We cannot discuss this package without mentioning the resources that this bill provides for law enforcement. As the son of a Georgia State Trooper, this component is critically important to me.

The bill provides for law enforcement training. These measures also provide for the expanded use of naloxone by law enforcement. Naloxone can effectively reverse opioid overdoses, so it is a valuable tool to have on hand.

Through the establishment of a comprehensive grant program that will provide resources to law enforcement, communities, and States, and combined with other bills, we have a real chance to make a difference here today.

Mr. Speaker, addiction issues are often related to other co-occurring disorders, including mental health issues. Addiction claims victims, and addiction is a disease. We must not turn a blind eye to those in need.

We must work to halt the opioid epidemic. We must act to prevent more deaths and to stop the growth and spread of this problem. The Senate bill, the House-passed bill, and the motion to go to conference are steps towards doing that.

These bills were brought forward due to the hard work of many Members. Over the course of this week, we have seen Members from every walk of life, representing people from every walk of life, come to the floor to speak on the opioid epidemic.

Each and every one of these Members have made statements to show the depth and breadth of this problem to the real people that we are sent here to represent. Through the 18 House-passed bills and the conference with the Senate, we have a chance to ease that problem, to actually combat it.

These bills call for further studies to examine the response of the opioid crisis, provide support for doctors' treatment of abusers, and also to help law enforcement efforts to combat drug trafficking.

Neighborhoods and families are being torn apart by heroin addiction and opioid abuse. Communities like my home in northeast Georgia need help to address this problem.

Through these bills, we are helping to provide that. Importantly, we are also providing enough flexibility so that States can determine what will work best for their specific populations and communities.

Many communities, many Members, and many staffers have worked hard to bring together these important reforms. I want to thank them for their dedication and hard work. These reforms are a step in the right direction.

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

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume.

I thank the gentleman for yielding me 30 minutes.

Mr. Speaker, I rise in opposition to this rule today that provides for consideration of S. 524.

As has been discussed on the floor this week, Mr. Speaker, our Nation is in the midst of an epidemic. While opioid abuse is nothing new, the numbers are getting more and more alarming. Addiction claimed over 28,000 lives in 2014 and drastically altered many more for the worst.

All week we have heard stories from both sides of the aisle speaking to how addiction is breaking apart families and communities. Today we are considering a package of bills that will hopefully take some meaningful steps towards addressing this crisis.

Prescription drug addiction is a very complex issue. There is no simple solution. It is a subject that deserves comprehensive debate and full consideration of ideas that Democratic and Republican Members have to be able to address: this public health crisis.

While I and many of my Democratic colleagues are supportive of the underlying legislation, there are problems with the process that have locked out ideas that can save lives that are being prevented from coming to the floor under this rule.

Of the 18 bills included under this rule, all but 2 were brought to the floor on suspension. What does that mean? It means no Members—Democratic or Republican—were allowed to amend or improve 16 of these 18 bills.

The scope of the two bills that were brought forward in a manner that allowed amendments was so narrow that it closed out many of the amendments that we considered in the Rules Committee because they weren't germane to these two particular bills. I find that very frustrating. It limits discussion on a major public health crisis, something that is an issue that is not at all partisan.

Many bipartisan amendments that I will talk about in a moment, many ideas from Republicans and Democrats, were simply not even allowed to be considered in this process. Amendments that would save lives, amendments that families would be grateful for, and amendments that would reduce opioid abuse in our country are not even allowed to be considered here on the floor of the House.

These were not amendments with an ideological agenda. Sometimes we are down here on a bill that is highly ideological and there are amendments that are locked out that would change it drastically or gut it. No, these are good faith efforts and ideas from the experiences that many of us have had back in our own districts as to how we can address this opioid abuse crisis that we are facing nationally.

Among the amendments that should have been allowed this week and why I am urging my colleagues to vote ''no'' on the rule—one amendment that was locked out was a bipartisan amendment by Representatives ANN KUSTER and FRANK GUINTA, my colleagues from New Hampshire, which is really one of the ground zero areas for this crisis, offered a bipartisan amendment to H.R. 4641 that would have allowed HHS to award grants to recovery community organizations.

Their amendment acknowledges that recovery is a long road. For any of us, including myself, who have known people who have been in recovery from drug addiction, they know it is difficult. It is a real test of internal fortitude for them. Of course, their community and family need to rally around and support their sobriety.

We need to be supporting not only prevention and initial treatment, but also lifetime support for the lifetime struggle to pull people out of the vicious cycle of addiction. This amendment that was blocked under this rule took the long view that, to address this crisis, we need the long-term support of recovery community organizations.

□ 0930

Now, we know how pressing this issue is for our New Hampshire colleagues, Republican and Democratic. So why not open up this process to allow their idea to be debated on its merits?

If Members of Congress found it lacking merit, of course, it would be the prerogative of Members of this body to vote it down; but at least have that debate, and I honestly think that it likely would have passed.

Representatives KATHERINE CLARK and EVAN JENKINS offered a bipartisan amendment to H.R. 4641—again, locked out under this rule. We are not allowed to debate it, and we are not allowed to vote on it.

Their proposal, very simply, would have authorized grants for the creation of comprehensive systems to provide support for prescribers with regard to patient pain and substance abuse. According to a study in the Journal of Opioid Management, fewer than half of primary care providers felt sufficiently

trained in prescribing opioids. This would have helped address that training gap of prescribers so that they would less often use opioids and more frequently use alternative pain reduction prescriptions. It is our doctors and nurse practitioners and nurses who are on the front lines. They need to be adequately prepared to deal with patients in pain and with patients who are in the throes of addiction.

Again, unfortunately, under this rule, KATHERINE CLARK and EVAN JENKINS' amendment is not allowed to be considered by this body.

I, personally, offered a bipartisan amendment with Mr. ROHRABACHER of California that would have required the Pain Management Task Force, created in H.R. 4641, to take into consideration the potential for marijuana to serve as an alternative to opioids for pain management.

Several private studies have yielded promising results. In 2014, the Journal of Pain found that those who suffer from chronic pain reduced their use of opioids by a significant margin when using marijuana for medicinal purposes. Marijuana likely won't work in every instance where somebody has chronic pain, but, where it does, you have a far less harmful, less addictive option with much more limited side effects than opioids and painkillers. We shouldn't be taking an option with limited side effects off the table when it could help free millions of Americans from excruciating pain and crippling addiction.

Unfortunately, that amendment—simply an amendment to take into consideration and study the issue—was also blocked under this rule.

Those are some of the many examples. As I mentioned, none of the amendments made it out of the Rules Committee, and our colleagues will not have the opportunity to weigh in on the House floor. A wide variety of amendments were blocked.

From a process perspective, this is really irresponsible of this body, when responding to an epidemic of this complexity, to not debate and solicit ideas—bipartisan ideas, Republican ideas, and Democratic ideas—from Members of this body and to find creative solutions that can actually save lives and would be of great comfort to families who are affected.

My other concern is that the majority has authorized, but has not funded or appropriated any of the programs under these bills. In February, the President submitted a proposal that would have provided $1.1 billion in new funding to address this epidemic in enforcement and treatment. Despite that, this bill has no funding for these efforts.

Combating addiction is truly a bipartisan effort. When close to 100 Americans are dying from drug overdoses every day, we have to work together to change that. I think that, unfortunately, under this rule, while this might be some baby steps forward, we are falling short of the mark of really being able to put our very best thinking and very best solutions forward.

According to the CDC, since 1999, the number of prescription opioids sold in the United States has quadrupled despite no discernible change in the pain that Americans are reporting. So in a 15-year period, opioids are used four times as much. That is the precursor to this opioid addiction problem, and we need to do more to address that overprescription of opioids.

In my home State of Colorado, the statewide rate of drug overdose deaths increased from 9.7 percent per 100,000 residents to 16.3 percent per 100,000 residents. Opioids were a major component of that.

Nationally, there have been even larger increases. Since 1999, deaths from prescription opioids, like oxycodone, hydrocodone, and methadone, have quadrupled. So it is no surprise the number of prescription opioids sold in the United States have quadrupled and deaths have quadrupled. It is no coincidence that those numbers are similar.

In 2014, almost 2 million Americans had some level of dependence on prescription pain relievers. This trend has especially dire consequences during pregnancy, which one of our bills addresses. In the last decade alone, over 130,000 infants were born with newborn drug withdrawal symptoms.

Given the extremity of circumstances surrounding opioid abuse in this country, I am glad that this body is devoting some effort towards casting a critical eye on what we can do; and I am saddened that this body didn't have a more open process to include many of the ideas, which I mentioned earlier, from bipartisan Members of this body and others that are simply locked out under this rule.

The Committee on Energy and Commerce reported out 12 bills. The Committee on Foreign Affairs considered a bill to allow the Treasury Department to block international drug traffickers from using the U.S. financial system. The Committee on Veterans' Affairs passed out a bill. I was also pleased that the committee that I serve on, the Committee on Education and the Workforce, took up a bill that I coauthored along with Representatives BARLETTA and CLARK and Chairman KLINE and Ranking Member SCOTT and Representative WALBERG—the Infant Plan of Safe Care Improvement Act—which directs child protective service agencies to develop a safe care plan to closely monitor the health outcomes for infants who are born with this syndrome.

The scourge of opioid addiction has touched families in my district and across the country. No State has managed to avoid it. I stand in opposition to this rule because, truly, we need to do everything we can to address this emergency, including debating good ideas, creative ideas from both sides of the aisle, and letting the Members decide, based on their own experiences, their own creative solutions as to what we can do to help combat this scourge that has affected our country.

I reserve the balance of my time.

Mr. COLLINS of Georgia. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), our only pharmacist in Congress, who, I think, has a very good insight into this.

Mr. CARTER of Georgia. I thank the gentleman for yielding, and I thank him for his long-time support of these types of issues, both as a member of the Georgia State legislature and as a Member of this august body. Representative COLLINS has consistently and very diligently worked on these issues. As the son of a law enforcement officer, he understands all too well the importance of making sure that our communities are safe, and I thank him for his support of this.

Mr. Speaker, I rise in support of this rule and of the House amendment to S. 524. This week, the House has worked hard to pass 18 bills that address almost every facet of the opioid abuse epidemic.

We called for the creation of a task force to develop best practices for pain management and prescribing pain medication. We have authorized grants for local and State agencies to better fight this epidemic through better resources. We have expanded care for newborn infants who are affected by illegal substance abuse. We have improved comprehensive opioid abuse treatment to pregnant and postpartum women. We have also created safety measures for the use of opioids when treating veterans who have chronic pain.

I am proud of the measures this body has passed that make up the House amendment to S. 524.

Mr. Speaker, our Nation is facing an opioid epidemic, and no community is safe. It affects all communities across the Nation whether they be urban, suburban, or rural.

Serving more than 30 years as a community pharmacist, I have witnessed and participated in some of the greatest advances in the history of medicine. I have seen diseases that once required hospitalization become illnesses that are treated from home with medication. I have seen an antibiotic regimen that once required four tablets each day for 10 days replaced with six tablets over 5 days. I have seen a deadly disease, like hepatitis C, cured by medication in just 90 days. The advances that I have witnessed in medicine can truly be called nothing more than miraculous, and that is important.

We need to recognize that this fight against the opioid epidemic is going to have to be a team effort. We are going to have to have everyone—all healthcare professionals—involved in this. Whether they be doctors, nurses, pharmacists, PAs, APRNs—whoever—they have to be involved. Families

have to be involved. Our communities have to be involved. Our legislature has to be involved. This week, our Congress has taken the lead. I am very proud of that. I am very proud of the work that it has done.

It is also going to take tools like the Prescription Drug Monitoring Programs. While a member of the Georgia State legislature, I had the honor of sponsoring the legislation that led to the creation of the Georgia Prescription Drug Monitoring Program. That program has been a great tool in our toolbox to fight the opioid epidemic. Since that time, we have tweaked that program and have made it even better, and it continues to get better. It continues to help us in our fight against the opioids.

I mentioned the advances that I have witnessed in medicine. I am a big fan of the pharmaceutical industry—a big fan, perhaps its biggest fan. What I have witnessed, again, has been miraculous. I call on the pharmaceutical companies because right now there exists a gap, a gap in treating pain. Right now we have available to us medication such as ibuprofen and acetaminophen, and then we go to the opioids. There are very few alternatives in between there in that gap—in that void, if you will. Very few. Once you get past tramadol and a couple of others, there is nothing else for us to use, there is nothing else for us to prescribe. I have confidence in the pharmaceutical manufacturers, and I call on them to fill in that gap, to fill in that void. We need more alternatives, more choices.

Whether it is true or untrue, I can tell you that many patients don't believe that ibuprofen or acetaminophen, which you can buy without a prescription, will work as well as something that you can buy with a prescription. That is something we have to overcome, but there is definitely a void there that needs to be filled. Again, I am very, very confident that the drug manufacturers and that the pharmaceutical companies can help us fill this void, and I call on them to do just that.

Mr. Speaker, as a lifelong pharmacist, I have seen the struggles firsthand that Americans face with opioid addiction. I have witnessed my colleagues in the pharmacy profession, some who just could not overcome that weakness and who succumbed to prescription drug abuse. I have witnessed that. I have witnessed it with patients. I have witnessed it with customers who have ruined their careers, who have ruined their families, and who have ruined their lives because of opioid abuse. This is an epidemic. Certainly it is something that has to be addressed in our country.

I encourage all of my colleagues to support this measure so we can improve our efforts to raise awareness while working towards solutions to solve this health crisis. I encourage my colleagues to support this bill, and I applaud my colleagues.

This has been a very, very proud week for me to be a Member of the United States Congress. To see what my colleagues in this House have done this week—as a pharmacist, as a healthcare professional—has made me very, very proud. We did good this week, and I am very proud to be a Member of this House.

Mr. POLIS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Oregon (Ms. BONAMICI), a member of the Committee on Education and the Workforce.

Ms. BONAMICI. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of the critical legislative efforts on the House floor this week to begin fighting the opioid crisis—an addiction crisis that has swept our country. There is much more work to be done to combat this epidemic. This is an encouraging start, but we must do more.

Too many communities in Oregon and across the Nation have seen the destruction that is caused by addiction, and too many have experienced the heartbreak of losing a child, a neighbor, a friend, or other loved one to overdose. Last year, just in Portland, Oregon, there were an average of two opioid deaths per week.

I think about Kerri, who is a mom from Knappa, in northwest Oregon. She lost her son, Jordan, after a 7-year struggle. Jordan's addiction began when he had a football injury in high school, and his doctor prescribed Vicodin. My own family has not been immune to this devastation. My brilliant and talented sister-in-law, Valerie, struggled with chronic pain and struggled in her life with the many, many opioids that were way too available. She relied on them to dull that pain until she lost her life a few years ago.

Countless families and doctors and nurses and public safety officers have all pleaded with us here in Congress to please act, to please save families from this loss and heartbreak.

I am glad we have come together today to answer this call, but these are only the first steps. Healthcare and treatment providers must have the resources they need to effectively curtail opioid abuse and addiction, and that means robust funding and better research and better education. We have all stood on this floor today and called this an epidemic. Let's treat it as such. Let's continue building on this progress.

I thank the chairman and the ranking member for their leadership.

□ 0945

Mr. COLLINS of Georgia. Mr. Speaker, some of the things also we have talked about today are education and prevention. It is also looking at things that we can be a part of and do.

As I have said earlier today, the things that have stuck out to me are some of the statistics that have jumped out. I mentioned the one earlier that more are dying from prescription overdoses than in car wrecks.

Also, there are other practical ways that we can be a part. If you are suffering out there—and, Mr. Speaker, if there is someone who is going through this with either prescription opioid abuse or through heroin abuse and addiction—there are toolkits available.

In fact, we have posted on our social media a place where people can go. It is from the Bipartisan Task Force to Combat the Heroin Epidemic. There are places where they can go to find a parent toolkit, where they can help their young children, also the young adults in their house, from middle school up through their 20s, on how we can best address some of these real issues.

It was very disturbing to me recently in a magazine article that I read that someone who was addicted, not only to heroin but was going through it, made the statement—and this just shows you the concern that is here—made the general statement that they were—there was this adrenaline rush when they were getting ready to shoot the heroin—is that this may be the last time I shoot up. That was almost driving them to do that.

To think about how that plays out, think about a young person who is so addicted and who is so wrapped to a drug that they really, when they go to put it in their body, knowing full well it could be the very last time they do anything, and yet that was part of the reason that they were doing it, that is just disturbing as we look at this.

There are also many other things that have come out. I think, as we go through this—we had a constituent who, knowing what we are doing here today, had looked to the pharmaceutical industry and who found ideas that are out there, such as this one from a pharmaceutical company that is looking at abuse-resistant opioids that don't have the same problems as we see in some of the others, such as OxyContin and some of the others that we have out there.

I think this is about proper management. I appreciate what Mr. CARTER from Georgia said on dealing with this and finding that balance. I think when we have the study, especially on how doctors prescribe how pain medication is used, these are all the kinds of things that get us to a point in which we limit the good uses that they may have, but also of preventing the addiction and the preventative steps that are putting us in the situation that we currently have.

So there are a lot of issues out here, and I think this is why this rule is effective. This rule is a good first step. It is something we move forward on. In doing so, I think we make a statement to the American people that we are looking to the problems that they are experiencing. We are addressing those needs, and we are going to continue to do so.

If there is any indication that this was the last step, I think that is a misperception that is out there. This is

a first step toward continuing this process. It will continue into the appropriations, I am sure, process as well. But these are the tools that we need to get into the toolbox right now and to be a part of that.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, this package before us cannot be the final word. Congress needs to approve funding to develop a comprehensive response to this epidemic and save lives.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to bring up legislation that, in addition to including all of the opioid bills passed this week, which I do support, will also provide $600 million in funding to address the opioid epidemic.

Mr. Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 5 minutes to the distinguished gentlewoman from New Hampshire (Ms. KUSTER) to discuss our proposal.

Ms. KUSTER. Mr. Speaker, I thank my friend from Colorado for yielding, and I also thank the Representative from Georgia (Mr. COLLINS) for his words.

In New Hampshire, right now, we have a four-times-greater chance of dying from a heroin or opiate overdose than a car accident, as you have pointed out in national statistics.

This morning, I rise to say that I am proud of what the House has been able to accomplish this week in a bipartisan way by working to address this critical challenge of substance use disorder that is devastating communities in my home State of New Hampshire and all across the country.

Last year, I had the honor to cofound with my colleague from New Hampshire (Mr. GUINTA) the Bipartisan Task Force to Combat the Heroin Epidemic to address the critical problems that heroin and opioid addiction are bringing to every corner of my district and most parts of the country. The membership of the task force now includes 83 members, about half Republicans and Democrats, who are dedicated to fighting this problem.

Last month, we unveiled a legislative package of 15 bills to fight this epidemic, and we are pleased that many of these bills and provisions have been included in the package this week.

To mark the start of opioid week, we held a Special Order on Tuesday evening, when over 20 Members from both sides of the aisle came to the floor to share personal stories of friends and family who had been affected by the heroin epidemic.

As part of the Special Order, I told the story of Carl, the son of a constituent and friend of mine, Sue Messinger. Carl, at 24 years old, was working hard in college. He wanted to become a dentist. He was a recent graduate. He earned good grades, and he had his eye set on applying to dental school.

But it turned out, unbeknownst to his family, Carl had been using heroin. His was another face of addiction.

When he finally spoke to his parents, they began the long journey with him to recovery. They were able to secure a place in a detox program, and they then moved toward his recovery. He was passing every drug test. He remained resolutely committed to avoid drugs and alcohol, and his family was overjoyed to see him get better.

But when Carl came down with an upper respiratory infection shortly thereafter, a fatal error occurred. Unaware of Carl's history of addiction and his recent completion of detox, the doctor who he saw for the upper respiratory infection prescribed a narcotic cough suppressant.

Triggered by the codeine in the cough syrup, Carl's addiction to heroin was instantly reawakened, and he could not resist the craving. He injected heroin and died that day of pure fentanyl, 50 times more powerful than heroin, in his own home.

There were no labels on the bottle that indicated that the cough medicine could trigger drug-seeking behavior. There was no way for Carl or his mother or his parents to know that the cough medicine could pose a fatal danger.

Since his death, his mother, Sue, has spoken out about the need to reform labeling requirements. And I am pleased to be a sponsor of Representative WALBERG's bipartisan bill seeking to ensure that medical professionals have full knowledge of a patient's previous opioid addiction.

Sadly, that bill is not in the package of bills this week, and it is one among many that we will need to address at a later date. So I am hopeful that I can continue to work with the chair of this committee and so many others on the other side of the aisle to bring forward bills such as this that will make a difference in people's lives.

Earlier this week, I introduced the Drug Abuse Crisis Act that will provide $600 million in critical funding to finally address this heroin epidemic.

I want to close my remarks by talking about hope. So many of the bills that we have passed will finally bring hope for recovery, for treatment, for long-term recovery to the families, to the users, and to our communities. This legislation will build and expand upon the work that we have done this week by dramatically increasing resources for medication-assisted treatments, funding competitive programs for law enforcement and for those hardest hit by this drug crisis.

I am opposing this rule before us today and the previous question so that we can move to consider my Drug Abuse Crisis Act.

Let's bring hope to our families and communities, and please oppose the previous question.

Mr. COLLINS of Georgia. I yield myself such time as I may consume.

Mr. Speaker, as I went through in my opening statement, I mentioned a good many of the bills that were part of the House package this week. I want to go back through just a few more that we went through just to let people know the breadth and scope of what we have been doing.

H.R. 4982, Examining Opioid Treatment Infrastructure Act, is a bill that requires the Comptroller General to report to Congress on the inpatient and outpatient treatment capacity, availability, and needs in the United States. And that was by Mr. FOSTER of Illinois.

We also have H.R. 4599, Reducing Unused Medications Act of 2016, from Representative CLARK of Massachusetts.

We also have H.R. 4586, Lali's Law, sponsored by Representative DOLD of Illinois.

H.R. 3691, Improving Treatment for Pregnant and Postpartum Women Act of 2016, sponsored by Representative BEN RAY LUJÁN of New Mexico.

H.R. 3680, Co-Prescribing to Reduce Overdoses Act of 2016, sponsored by Representative SARBANES of Maryland.

We also have H.R. 1818, Veteran Emergency Medical Technician Support Act of 2016, sponsored by Mr. KINZINGER of Illinois.

Again, as you see the breadth of what we are doing here and why I believe moving forward on this rule is important and going through, many times what we have said is: look, these issues all address specific needs. They all are encompassing of our body, as a whole, all 435 of us, because, as I read here, these were a mix of both Republican and Democrat bills that have been passed on this floor this week.

So, as we look ahead, we look to the serious nature of what we are doing, it also really looks at the breadth and the scope of what we are dealing with here. This is why this needs to move forward today, why this package needs to be approved and also go to conference so we can continue to move forward with these ideals and with the things that have been put before us this week.

We can do that by making a positive step and acknowledging the good work that has gone on here. I appreciate all of the speakers today on both sides of the aisle who have come forward to talk about this issue and talk about the real problems that we see that are occurring, really unfortunately, in kitchens and living rooms all across our country every day. So this is something that so many people can relate to.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself 2 minutes.

I rise today to honor a constituent of mine, Mr. Timothy J. Gagen of Breckenridge, Colorado. Tim is retiring from 40 years of civil service in municipal government. He has served towns

and cities across Colorado, Illinois, and Indiana and recently received the Colorado City and County Management Association's Lifetime Achievement Award.

During his tenure in Colorado, Tim was instrumental in working with various entities, including the EPA, U.S. Army, Colorado State Health Board, and the U.S. Attorney General on two Superfund sites.

Tim was influential in the formation and success of our Highway 70 Coalition, an organization of governments that works with the Colorado Department of Transportation to improve safety and reduce congestion along our important Highway 70, the main artery to our mountain communities.

He spearheaded a crucial land exchange with the U.S. Forest Service that provided for much-needed workforce housing, and we were able to get a bill passed here and signed into law to get it done.

Tim's steadfast focus on the most important elements to our community—the people who live and work in the area—resulted in the Breckenridge Vision, developed by citizens. Tim's accomplishments are highlighted by two early learning centers, a scholarship program to assist parents from the county, and nearly 1,000 workforce affordable housing units in the town with a population of 4,500.

Mr. Speaker, it is with great pride that I rise to pay tribute to Mr. Timothy J. Gagen on behalf of the residents of the Second Congressional District. His contributions to the town of Breckenridge will remain his legacy for many years to come.

I reserve the balance of my time.

Mr. COLLINS of Georgia. Mr. Speaker, I inquire of the Chair how much time remains.

The SPEAKER pro tempore. The gentleman from Georgia has 7½ minutes remaining, and the gentleman from Colorado has 10 minutes remaining.

Mr. COLLINS of Georgia. Mr. Speaker, if the gentleman from Colorado is prepared to close, I am prepared to close as well.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, there have been harrowing tales told here on the floor of the House, and there is no doubt opioid addiction is a segment of that. It is a public health crisis in this country that is hurting communities, hurting families, killing people.

In 2012, enough prescriptions were written for opioids to give every single adult in this country their own bottle. Prescriptions for opioids have increased four times in the last 15 years. That is four times as many prescriptions.

□ 1000

We need to do something. It is a start today. It is not enough. It is not enough.

Unfortunately, these rules block out and prevent many creative and effective ideas from both sides of the aisle from coming to the floor. We also have missed the opportunity to provide funding to address treatment and enforcement.

The fact that both parties in both Chambers have come together to tackle opioid addiction is a testament to how far the reach of this epidemic is. Every district has been affected; every Member of this body has taken note. I and many of us know families and individuals whose lives have been devastated or ended prematurely from the opioid crisis.

It is crucial that we approach the problem from every possible angle: support for providers, training for law enforcement, well-funded treatment centers, thoughtful policies for addicted parents, education for our youth, innovative dispensing technologies, alternative pain management therapies. There are so many ideas to consider.

This rule packages 18 bills that address part of the problem together. Unfortunately, 16 of them don't allow amendments, and the 2 that do, many amendments were ruled out for lack of being germane. Given the rate of deaths from prescription opioid abuse, we should allow a full debate of amendments and ideas on the floor of the House to address this issue.

Yes, we are taking a first step today, but there is a lot more work to do to save lives and help families across our country. We need to fund these programs so they are not just words on a page.

This is a very real issue with real implications for American families, and we owe it to American families across the country to have a more open and thorough process to do more to combat the opioid scourge.

I urge my colleagues to vote ''no'' on the previous question so we can bring forward Ms. KUSTER's amendment, ''no'' on the underlying rule, and ''yes'' on the underlying bills.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, just the other day I had an opportunity to speak to a longtime friend, and there was a general discussion about what was going on up here and the steps that were being taken.

During this time, my friend began to list and talk about folks close to him that either had addiction to prescription pain medications or were dealing with the aftereffects of that problem. This came, frankly, out of nowhere and even to my friend, who basically said, ''I had no idea.'' And yet, within just the matter of a few weeks, he had found out within just his own sphere of influence that there were a number of people in his family and in his friendship connection who were dealing with this abuse.

That tells you that this is something that a lot of times is hidden just below the surface, unfortunately dealt with in very private, very concerning ways, because so many times they are trapped in a cycle of addiction in which the addiction is found and then treated and it comes back again and it reexpresses itself in many different ways.

As a pastor and as a chaplain, I have dealt with these issues before, and there is nothing more heartbreaking than to see someone who wants to break free from an addiction and break free from the abuse that they are perpetrating basically on their own body and to see progress made and then get a call or not see them for a week or two and then find out that they fell back into their old pattern or they unfortunately found a new addiction that has taken over.

But when we come to the floor of the House—and we have spoken this week on 18 bills and the promise of the Senate bill and the promise of a conference committee going forward—it is saying that we have heard these sometimes silent screams, these sometimes silent tears of those who may not know how to deal with it but yet they are looking for ways.

We have heard the anguish of law enforcement officers and first responders who come to scenes, and if they have the proper medication, if they have the proper treatments, then they can reverse some of these disastrous effects. Now we are making sure that we can get that to them, we can look for better ways of helping them do their job that they so heroically do every day.

We are looking at ways of looking at a task force so that we can look at how we prescribe and how we treat pain and those things in people's lives that are chronic and ongoing, how do we treat them better so that we don't have to deal maybe with this addiction side and we don't have to deal with possible aftereffects of that.

We have to also look at our ways on how we deal with folks who are addicted and how we deal with them in treatment, not only from the veterans' perspective, from the son or daughter perspective, from the mom or dad perspective, the aunt or uncle, even the grandparent perspective. How do we do that? How do we do it effectively?

How do we make sure that when we get to our spending and we get to our appropriations and we make sure that these appropriations are going out that they are done so in appropriate ways? That is the function, I believe, of the Republican majority.

That is why we are bringing this forward today as we are, is to make a difference in the lives of people but do so in a way that is constructive and ongoing. As we have heard today and over the course of the week, the opioid epidemic is out of control, but we have an opportunity to start addressing the problem.

Again, the rule provides for consideration of legislation that will enact measures to address this problem through multiple avenues to ensure that we are taking a comprehensive approach to stopping this scourge. It

takes important steps to address the serious and growing threat of opioid abuse. It keeps a promise that we won't sit idly by while people continue to battle addiction and die.

For that reason, I would urge my colleagues to support this rule, the Comprehensive Addiction and Recovery Act, and the motion to go to conference on the House-passed amendment in the nature of a substitute.

This is something we can do. This is a very positive step in a week in which, for the most part, we have come to the floor to hear bipartisan unity in saying, ''We will act.''

Do not let this day go by because we may not have gotten everything that everybody wanted. It is the time to vote ''yes'' on the previous question, it is the time to vote ''yes'' on the rule, and it is the time to vote ''yes'' to move forward so that we can conference with the Senate and put together a product that can make not only this body proud but make the American people know that we have heard their voice.

We agonize with them, many of us who have felt it firsthand. And in doing so, we are doing the people's business.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 725 OFFERED BY MR. POLIS

On page 2, line 2, strike ''the respective text of the bills specified in section 2(a) of this resolution'' and insert ''the text of H.R. 5189, as introduced,''.

Strike section 2 and redesignate subsequent sections accordingly.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. COLLINS of Georgia. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POLIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adopting the resolution, if ordered; and agreeing to the Speaker's approval of the Journal.

The vote was taken by electronic device, and there were—yeas 232, nays 172, not voting 29, as follows:

[Roll No. 190]

YEAS—232

Abraham
Aderholt
Allen
Amash
Amodei
Babin
Barletta
Barr
Barton
Benishek
Bilirakis
Bishop (MI)
Black
Blackburn
Blum
Bost
Boustany
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Clawson (FL)
Coffman
Cole
Collins (GA)
Collins (NY)
Comstock
Conaway
Cook
Costa
Costello (PA)
Cramer
Crawford
Crenshaw
Culberson
Curbelo (FL)
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Dold
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Ellmers (NC)
Emmer (MN)
Farenthold
Fitzpatrick
Fleischmann
Fleming
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Garrett
Gibbs
Gibson
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guinta
Guthrie
Hanna
Hardy
Harper
Harris
Hartzler
Heck (NV)
Hensarling
Hice, Jody B.
Hill
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (OH)
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger (IL)
Kline
Labrador
LaHood
LaMalfa
Lamborn
Lance
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
Lummis
MacArthur
Marchant
Marino
Massie
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Newhouse
Noem
Nugent
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Pompeo
Posey
Price, Tom
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Ross
Rothfus
Rouzer
Royce
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Stefanik
Stewart
Stivers
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Westmoreland
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NAYS—172

Aguilar
Ashford
Bass
Beatty
Becerra
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Duckworth
Edwards
Ellison
Engel
Eshoo
Esty
Farr
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Graham
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Heck (WA)
Higgins
Hinojosa
Honda
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kildee
Kilmer
Kind
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney

Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Rourke
Pallone
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Rangel
Rice (NY)
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Tonko
Torres
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—29

Adams
Bishop (UT)
Bridenstine
Cárdenas
Fattah
Fincher
Forbes
Garamendi
Hastings
Herrera Beutler
Himes
Johnson (GA)
Kennedy
Kirkpatrick
Knight
Latta
Pascrell
Payne
Pitts
Richmond
Roskam
Rush
Russell
Salmon
Sanford
Speier
Stutzman
Titus
Whitfield

□ 1029

Messrs. CICILLINE and DEFAZIO changed their vote from ''yea'' to ''nay.''

Mr. POE of Texas changed his vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. POLIS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 240, noes 165, not voting 28, as follows:

[Roll No. 191]

AYES—240

Abraham
Aderholt
Allen
Amash
Amodei
Babin
Barletta
Barr
Barton
Benishek
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Boustany
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Clawson (FL)
Coffman
Cole
Collins (GA)
Collins (NY)
Comstock
Conaway
Cook
Cooper
Costa
Costello (PA)
Cramer
Crawford
Crenshaw
Culberson
Curbelo (FL)
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Dold
Donovan
Duckworth
Duffy
Duncan (SC)
Duncan (TN)
Ellmers (NC)
Emmer (MN)
Eshoo
Farenthold
Fitzpatrick
Fleischmann
Fleming
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Garrett
Gibbs
Gibson
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guinta
Guthrie
Hanna
Hardy
Harper
Harris
Hartzler
Heck (NV)
Hensarling
Hice, Jody B.
Higgins
Hill
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (OH)
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger (IL)
Kline
Labrador
LaHood
LaMalfa
Lamborn
Lance
Lipinski
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
Lummis
MacArthur
Marchant
Marino
Massie
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Moulton
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Newhouse
Noem
Nugent
Nunes
Palazzo
Palmer
Paulsen
Pearce
Perry
Peters
Pittenger
Poe (TX)
Poliquin
Pompeo
Posey
Price, Tom
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Stefanik
Stewart
Stivers
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Westmoreland
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NOES—165

Aguilar
Ashford
Bass
Beatty
Becerra
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Edwards
Ellison
Engel
Esty
Farr
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Graham
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Heck (WA)
Hinojosa
Honda
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kildee
Kilmer
Kind
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Moore
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Rourke
Pallone
Pelosi
Perlmutter
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Rangel
Rice (NY)
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Sherman
Sires
Slaughter
Smith (WA)
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Tonko
Torres
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—28

Adams
Bridenstine
Cárdenas
Diaz-Balart
Fattah
Fincher
Forbes
Garamendi
Hastings
Herrera Beutler
Himes
Kennedy
Kirkpatrick
Knight
Latta
Olson
Pascrell
Payne
Pitts
Richmond
Rush
Russell
Salmon
Sanford
Speier
Stutzman
Titus
Whitfield

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HULTGREN)(during the vote). There are 2 minutes remaining.

□ 1037

Mr. CARTWRIGHT changed his vote from ''aye'' to ''no.''

Ms. DUCKWORTH changed her vote from ''no'' to ''aye.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 235, nays 160, answered ''present'' 2, not voting 36, as follows:

[Roll No. 192]

YEAS—235

Abraham
Aderholt
Allen
Amodei
Ashford
Barletta
Barr
Barton
Beatty
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Boustany
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Brown (FL)
Buchanan
Bustos
Butterfield
Byrne
Calvert
Capps
Carney
Carson (IN)
Carter (TX)
Cartwright
Castro (TX)
Chabot
Chaffetz
Chu, Judy
Cicilline
Clay
Cole
Collins (NY)
Comstock
Cook
Cooper
Costa
Cramer
Crawford
Crenshaw
Cuellar
Davis (CA)
Davis, Danny
DeGette
DeLauro
DelBene
Dent
DesJarlais
Deutch
Diaz-Balart
Doggett
Donovan
Doyle, Michael F.
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers (NC)
Emmer (MN)
Engel
Esty
Farenthold
Fleischmann
Fortenberry
Foster
Frankel (FL)
Franks (AZ)
Frelinghuysen
Gabbard
Garrett
Gibbs
Goodlatte
Gosar
Graham
Granger
Grayson
Griffith
Grothman
Guthrie
Hahn
Hardy
Harper
Harris
Hartzler
Heck (WA)
Hensarling
Higgins
Hinojosa
Honda
Huelskamp
Huffman
Huizenga (MI)
Hultgren

Hunter
Issa
Jeffries
Johnson, E. B.
Jolly
Jones
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kildee
King (IA)
King (NY)
Kline
Kuster
Labrador
LaHood
LaMalfa
Lamborn
Larsen (WA)
Larson (CT)
Levin
Lipinski
Loebsack
Lofgren
Long
Lowey
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lummis
Maloney, Carolyn
Marino
Massie
Matsui
McCarthy
McCaul
McClintock
McCollum
McHenry
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Mica
Miller (MI)
Moolenaar
Mooney (WV)
Moulton
Mullin
Mulvaney
Murphy (PA)
Nadler
Napolitano
Neugebauer
Newhouse
Noem
Norcross
Nunes
O'Rourke
Olson
Palmer
Pelosi
Perlmutter
Pingree
Pocan
Polis
Pompeo
Rangel
Reichert
Ribble
Roby
Rogers (KY)
Ross
Rothfus
Royce
Ruiz
Ruppersberger
Sanchez, Loretta
Scalise
Schiff
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sherman
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Stefanik
Stewart
Takai
Takano
Thornberry
Tiberi
Torres
Trott
Tsongas
Van Hollen
Vela
Wagner
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Webster (FL)
Welch
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Yarmuth
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NAYS—160

Aguilar
Amash
Babin
Becerra
Benishek
Bera
Beyer
Blum
Bost
Boyle, Brendan F.
Brady (PA)
Brownley (CA)
Buck
Bucshon
Burgess
Capuano
Carter (GA)
Castor (FL)
Clark (MA)
Clarke (NY)
Clawson (FL)
Cleaver
Clyburn
Coffman
Cohen
Collins (GA)
Conaway
Connolly
Conyers
Costello (PA)
Courtney
Crowley
Cummings
Curbelo (FL)
Davis, Rodney
DeFazio
Delaney
Denham
DeSantis
DeSaulnier
Dingell
Dold
Duckworth
Duffy
Eshoo
Farr
Fitzpatrick
Fleming
Flores
Foxx
Fudge
Gallego
Gibson
Gowdy
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Guinta
Gutiérrez
Hanna
Heck (NV)
Hice, Jody B.
Hill
Holding
Hoyer
Hudson
Hurd (TX)
Israel
Jackson Lee
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (OH)
Jordan
Joyce
Kilmer
Kind
Kinzinger (IL)
Lance
Langevin
Lawrence
Lee
Lewis
Lieu, Ted
LoBiondo
Loudermilk
Love
Lowenthal
Lynch
MacArthur
Maloney, Sean
Marchant
McDermott
McGovern
McKinley
Messer
Miller (FL)
Moore
Murphy (FL)
Neal
Nolan
Nugent
Palazzo
Pallone
Paulsen
Pearce
Perry
Peters
Peterson
Pittenger
Poe (TX)
Poliquin
Posey
Price, Tom
Ratcliffe
Reed
Renacci
Rice (NY)
Rigell
Roe (TN)
Rogers (AL)
Rohrabacher
Rokita
Ros-Lehtinen
Rouzer
Roybal-Allard
Ryan (OH)
Sánchez, Linda T.
Sarbanes
Schakowsky
Schrader
Sewell (AL)
Sinema
Sires
Slaughter
Smith (MO)
Stivers
Swalwell (CA)
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tipton
Turner
Upton
Valadao
Vargas
Veasey
Velázquez
Visclosky
Walberg
Walden
Watson Coleman
Weber (TX)
Wenstrup
Westerman
Westmoreland
Woodall
Yoder

ANSWERED ''PRESENT''—2

Rice (SC)
Tonko

NOT VOTING—36

Adams
Bass
Bridenstine
Cárdenas
Culberson
Fattah
Fincher
Forbes
Garamendi
Gohmert
Grijalva
Hastings
Herrera Beutler
Himes
Hurt (VA)
Johnson, Sam
Kennedy
Kirkpatrick
Knight
Latta
Pascrell
Payne
Pitts
Price (NC)
Quigley
Richmond
Rooney (FL)
Roskam
Rush
Russell
Salmon
Sanford
Speier
Stutzman
Titus
Whitfield

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1043

So the Journal was approved.

The result of the vote was announced as above recorded.

Stated for:

Mr. HURT of Virginia. Mr. Speaker, I was not present for rollcall vote No. 192 on approval of the Journal. Had I been present, I would have voted "yea."

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

Mrs. BROOKS of Indiana. Mr. Speaker, pursuant to House Resolution 725, I call up the bill (S. 524) to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 725, an amendment in the nature of a substitute described in the first section of that resolution is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

S. 524

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Table of Contents.

TITLE I—PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

Sec. 101. Development of best practices for the use of prescription opioids.

TITLE II—COMPREHENSIVE OPIOID ABUSE REDUCTION ACT

Sec. 201. Short title.
Sec. 202. Comprehensive Opioid Abuse Grant Program.
Sec. 203. Audit and accountability of grantees.
Sec. 204. Veterans treatment courts.
Sec. 205. Emergency Federal law enforcement assistance.
Sec. 206. Inclusion of services for pregnant women under family-based substance abuse grants.
Sec. 207. GAO study and report on Department of Justice programs and research relative to substance use and substance use disorders among adolescents and young adults.

TITLE III—JASON SIMCAKOSKI PROMISE ACT

Sec. 301. Short title.
Sec. 302. Improvement of opioid safety measures by Department of Veterans Affairs.
Sec. 303. Strengthening of joint working group on pain management of the Department of Veterans Affairs and the Department of Defense.
Sec. 304. Review, investigation, and report on use of opioids in treatment by Department of Veterans Affairs.
Sec. 305. Mandatory disclosure of certain veteran information to State controlled substance monitoring programs.
Sec. 306. Modification to limitation on awards and bonuses.

TITLE IV—KINGPIN DESIGNATION IMPROVEMENT ACT

Sec. 401. Short title.
Sec. 402. Protection of classified information in Federal court challenges relating to designations under the Narcotics Kingpin Designation Act.

TITLE V—GOOD SAMARITAN ASSESSMENT ACT

Sec. 501. Short title.
Sec. 502. Finding.
Sec. 503. GAO Study on Good Samaritan laws pertaining to treatment of opioid overdoses.
Sec. 504. Definitions.

TITLE VI—OPEN ACT

Sec. 601. Short title.
Sec. 602. Evaluation of performance of Department of Justice program.
Sec. 603. Evaluation of performance of Department of Health and Human Services program.
Sec. 604. Definition.
Sec. 605. No additional funds authorized.
Sec. 606. Matters regarding certain Federal law enforcement assistance.

TITLE VII—INFANT PLAN OF SAFE CARE IMPROVEMENT ACT

Sec. 701. Short title.
Sec. 702. Best practices for development of plans of safe care.
Sec. 703. State plans.
Sec. 704. Data reports.
Sec. 705. Monitoring and oversight.
Sec. 706. Rule of construction.

TITLE VIII—NAS HEALTHY BABIES ACT

Sec. 801. Short title.
Sec. 802. GAO report on neonatal abstinence syndrome (NAS).
Sec. 803. Excluding abuse-deterrent formulations of prescription drugs from the Medicaid additional rebate requirement for new formulations of prescription drugs.
Sec. 804. Limiting disclosure of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse.
Sec. 805. Medicaid Improvement Fund.

TITLE IX—CO-PRESCRIBING TO REDUCE OVERDOSES ACT

Sec. 901. Short title.
Sec. 902. Opioid overdose reversal drugs prescribing grant program.
Sec. 903. Providing information to prescribers in certain Federal health care and medical facilities on best practices for prescribing opioid overdose reversal drugs.
Sec. 904. Authorization of appropriations.
Sec. 905. Cut-Go Compliance.

TITLE X—IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN ACT

Sec. 1001. Short title.

Sec. 1002. Reauthorization of residential treatment programs for pregnant and postpartum women.
Sec. 1003. Pilot program grants for State substance abuse agencies.
Sec. 1004. Cut-Go Compliance.

TITLE XI—VETERAN EMERGENCY MEDICAL TECHNICIAN SUPPORT ACT

Sec. 1101. Short title.
Sec. 1102. Assisting veterans with military emergency medical training to meet requirements for becoming civilian emergency medical technicians.

TITLE XII—JOHN THOMAS DECKER ACT

Sec. 1201. Short title.
Sec. 1202. Information materials and resources to prevent addiction related to youth sports injuries.

TITLE XIII—LALI'S LAW

Sec. 1301. Short title.
Sec. 1302. Opioid overdose reversal medication access and education grant programs.
Sec. 1303. Cut-Go Compliance.

TITLE XIV—REDUCING UNUSED MEDICATIONS ACT

Sec. 1401. Short title.
Sec. 1402. Partial fills of schedule II controlled substances.

TITLE XV—OPIOID REVIEW MODERNIZATION ACT

Sec. 1501. Short title.
Sec. 1502. FDA opioid action plan.
Sec. 1503. Prescriber education.
Sec. 1504. Guidance on evaluating the abuse deterrence of generic solid oral opioid drug products.

TITLE XVI—EXAMINING OPIOID TREATMENT INFRASTRUCTURE ACT

Sec. 1601. Short title.
Sec. 1602. Study on treatment infrastructure.

TITLE XVII—OPIOID USE DISORDER TREATMENT EXPANSION AND MODERNIZATION ACT

Sec. 1701. Short title.
Sec. 1702. Finding.
Sec. 1703. Opioid use disorder treatment modernization.
Sec. 1704. Sense of Congress.
Sec. 1705. Partial fills of schedule II controlled substances.

TITLE XVIII—NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING REAUTHORIZATION ACT

Sec. 1801. Short title.
Sec. 1802. Amendment to purpose.
Sec. 1803. Amendments to controlled substance monitoring program.

TITLE I—PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

SEC. 101. DEVELOPMENT OF BEST PRACTICES FOR THE USE 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 Inter-Agency Task Force convened under subsection (b).

(b) INTER-AGENCY 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 Inter-Agency 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 Health Resources and Services Administration;

(H) the Indian Health Service;

(I) the National Academy of Medicine;

(J) the National Institutes of Health;

(K) the Office of National Drug Control Policy;

(L) the Substance Abuse and Mental Health Services Administration; and

(M) the Office of Women's Health;

(2) State medical boards;

(3) subject to subsection (e), physicians, dentists, and nonphysician prescribers;

(4) hospitals;

(5) subject to subsection (e), pharmacists and pharmacies;

(6) first responders;

(7) experts in the fields of pain research and addiction research;

(8) experts in the fields of adolescent and young adult addiction research;

(9) representatives of—

(A) pain management professional organizations;

(B) the mental health treatment community;

(C) the addiction treatment and recovery community;

(D) pain advocacy groups;

(E) veteran service organizations; and

(F) groups with expertise on overdose reversal;

(10) a person in recovery from addiction to medication for chronic pain;

(11) a person in recovery from addiction to medication for chronic pain, whose addiction began in adolescence or young adulthood;

(12) a person with chronic pain;

(13) an expert on active duty military, armed forces personnel, and veteran health and prescription opioid addiction;

(14) an expert in the field of minority health; and

(15) other stakeholders, as the Secretary determines appropriate.

(d) CONDITION ON PARTICIPATION ON TASK FORCE.—An individual representing a profession or entity described in paragraph (3) or (5) of subsection (c) may not serve as a member of the task force unless such individual—

(1) is currently licensed in a State in which such individual is practicing (as defined by such State) such profession (or, in the case of an individual representing an entity, a State in which the entity is engaged in business); and

(2) is currently practicing (as defined by such State) such profession (or, in the case of an individual representing an entity, the entity is in operation).

(e) 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) research on trends in areas and communities in which the prescription opioid abuse rate and fatality rate exceed the national average prescription opioid abuse rate and fatality rate;

(C) recommendations from relevant conferences and existing relevant evidence-based guidelines;

(D) ongoing efforts at the State and local levels and by medical professional organizations to develop improved pain management strategies, including consideration of differences within and between classes of opioids, the availability of opioids with abuse deterrent technology, and pharmacological, nonpharmacological, medical device alternatives to opioids to reduce opioid monotherapy in appropriate cases and the coordination of information collected from State prescription drug monitoring programs for the purpose of preventing the diversion of pain medication;

(E) ongoing efforts at the Federal, State, and local levels to examine the potential benefits of electronic prescribing of opioids, including any public comments collected in the course of those efforts;

(F) 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;

(G) the distinct needs of adolescents and young adults with respect to pain management, pain medication, substance use disorder, and medication-assisted treatment;

(H) the 2016 Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention;

(I) the practice of co-prescribing naloxone for both pain patients receiving chronic opioid therapy and patients being treated for opioid use disorders;

(J) research that has been, or is being, conducted or supported by the Federal Government on prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults relative to any unique circumstances (including social and biological circumstances) of adolescents and young adults that may make adolescent-specific and young adult-specific treatment protocols necessary, including any effects that substance use and substance use disorders may have on brain development and the implications for treatment and recovery;

(K) Federal non-research programs and activities that address prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of the effectiveness of such programs and activities in—

(i) preventing substance use by and substance use disorders among adolescents and young adults;

(ii) treating such adolescents and young adults in a way that accounts for any unique circumstances faced by adolescents and young adults; and

(iii) supporting long-term recovery among adolescents and young adults; and

(L) gaps that have been identified by Federal officials and experts in Federal efforts relating to prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including gaps in research, data collection, and measures to evaluate the effectiveness of Federal efforts, and the reasons for such gaps;

(2) solicit and take into consideration public comment on the practices developed under paragraph (1), amending such best practices if appropriate;

(3) develop a strategy for disseminating information about the best practices developed under paragraphs (1) and (2) to prescribers, pharmacists, State medical boards, educational institutions that educate prescribers and pharmacists, and other parties, as the Secretary determines appropriate;

(4) review, modify, and update best practices for pain management and prescribing pain medication, specifically as it pertains to physician education and consumer education; and

(5) examine and identify—

(A) the extent of the need for the development of new pharmacological, nonpharmacological, and medical device alternatives to opioids;

(B) the current status of research efforts to develop such alternatives; and

(C) the pharmacological, nonpharmacological, and medical device alternatives to opioids that

are currently available that could be better utilized.

(f) CONSIDERATION OF STUDY RESULTS.—In reviewing, modifying, and updating, best practices for pain management and prescribing pain medication, the task force shall take into consideration existing private sector, State, and local government efforts related to pain management and prescribing pain medication.

(g) LIMITATION.—The task force shall not have rulemaking authority.

(h) 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 developed under subsection (e);

(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));

(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 and Indian Health Service;

(4) the modified and updated best practices described in subsection (e)(4); and

(5) the results of the examination and identification conducted pursuant to subsection (e)(4), and recommendations regarding—

(A) the development of new pharmacological, nonpharmacological, and medical device alternatives to opioids; and

(B) the improved utilization of pharmacological, nonpharmacological, and medical device alternatives to opioids that are currently available.

TITLE II—COMPREHENSIVE OPIOID ABUSE REDUCTION ACT

SEC. 201. SHORT TITLE.

This title may be cited as the ''Comprehensive Opioid Abuse Reduction Act of 2016''.

SEC. 202. COMPREHENSIVE OPIOID ABUSE GRANT PROGRAM.

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

''PART LL—COMPREHENSIVE OPIOID ABUSE GRANT PROGRAM

''SEC. 3021. DESCRIPTION.

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

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

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

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

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

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

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

''(F) a focus on parents whose incarceration could result in their children entering the child welfare system; and

''(G) a community-based substance use diversion program sponsored by a law enforcement agency.

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

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

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

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

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

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

''(8) Developing, implementing, or expanding an integrated and comprehensive opioid abuse response program, including prevention and recovery programs.

''(9) Developing, implementing, or expanding a program (which may include demonstration projects) to utilize technology that provides a secure container for prescription drugs that would prevent individuals, particularly adolescents, from gaining access to opioid medications that are lawfully prescribed for other individuals.

''(10) Developing, implementing, or expanding a program to prevent and address opioid abuse by veterans.

''(11) Developing, implementing, or expanding a prescription drug take-back program.

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

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

''(2) units of local government; or

''(3) tribal organizations.

''(c) PROGRAM ASSESSMENT COMPONENT; WAIVER.—

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

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

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

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

''SEC. 3022. APPLICATIONS.

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

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

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

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

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

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

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

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

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

''SEC. 3023. REVIEW OF APPLICATIONS.

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

''SEC. 3024. EQUITABLE DISTRIBUTION OF FUNDS.

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

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

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

''SEC. 3025. DEFINITIONS.

''In this part:

''(1) The term 'first responder' includes a firefighter, law enforcement officer, paramedic, emergency medical technician, or other individual (including an employee of a legally organized and recognized volunteer organization, whether compensated or not), who, in the course of professional duties, responds to fire, medical, hazardous material, or other similar emergencies.

''(2) The term 'medication-assisted treatment' means the use of medications approved by the Food and Drug Administration for the treatment of opioid abuse.

''(3) The term 'opioid' means any drug, including heroin, having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

''(4) The term 'schedule II, III, or IV controlled substance' means a controlled substance that is listed on schedule II, schedule III, or schedule IV of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).

''(5) The terms 'drug' and 'device' have the meanings given those terms in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

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

''(A) court;

''(B) prison;

''(C) jail;

''(D) law enforcement agency; or

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

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

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

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

SEC. 203. AUDIT AND ACCOUNTABILITY OF GRANTEES.

(a) DEFINITIONS.—In this section—

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

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

(3) the term ''nonprofit'', when used with respect to an organization, means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986, and is exempt from taxation under section 501(a) of such Code; and

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

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

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

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

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

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

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

(f) NONPROFIT REQUIREMENTS.—

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

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

SEC. 204. VETERANS TREATMENT COURTS.

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

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

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

''(i) ASSISTING VETERANS.—

''(1) DEFINITIONS.—In this subsection:

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

''(B) QUALIFIED VETERAN.—The term 'qualified veteran' means a preliminarily qualified offender who—

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

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

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

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

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

''(iii) alternatives to incarceration; or

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

''(2) VETERANS ASSISTANCE PROGRAM.—

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

''(i) veterans treatment court programs;

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

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

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

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

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

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

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

SEC. 205. EMERGENCY FEDERAL LAW ENFORCEMENT ASSISTANCE.

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

SEC. 206. INCLUSION OF SERVICES FOR PREGNANT WOMEN UNDER FAMILY-BASED SUBSTANCE ABUSE GRANTS.

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

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

(2) in section 2927—

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

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

SEC. 207. GAO STUDY AND REPORT ON DEPARTMENT OF JUSTICE PROGRAMS AND RESEARCH RELATIVE TO SUBSTANCE USE AND SUBSTANCE USE DISORDERS AMONG ADOLESCENTS AND YOUNG ADULTS.

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

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

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

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

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

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

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

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

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

TITLE III—JASON SIMCAKOSKI PROMISE ACT

SEC. 301. SHORT TITLE.

This title may be cited as the ''Promoting Responsible Opioid Management and Incorporating Scientific Expertise Act'' or the ''Jason Simcakoski PROMISE Act''.

SEC. 302. IMPROVEMENT OF OPIOID SAFETY MEASURES BY DEPARTMENT OF VETERANS AFFAIRS.

(a) EXPANSION OF OPIOID SAFETY INITIATIVE.—

(1) INCLUSION OF ALL MEDICAL FACILITIES.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans

Affairs shall expand the Opioid Safety Initiative of the Department of Veterans Affairs to include all medical facilities of the Department.

(2) GUIDANCE.—The Secretary shall establish guidance that each health care provider of the Department of Veterans Affairs, before initiating opioid therapy to treat a patient as part of the comprehensive assessment conducted by the health care provider, use the Opioid Therapy Risk Report tool of the Department of Veterans Affairs (or any subsequent tool), which shall include information from the prescription drug monitoring program of each participating State as applicable, that includes the most recent information to date relating to the patient that accessed such program to assess the risk for adverse outcomes of opioid therapy for the patient, including the concurrent use of controlled substances such as benzodiazepines, as part of the comprehensive assessment conducted by the health care provider.

(3) ENHANCED STANDARDS.—The Secretary shall establish enhanced standards with respect to the use of routine and random urine drug tests for all patients before and during opioid therapy to help prevent substance abuse, dependence, and diversion, including—

(A) that such tests occur not less frequently than once each year; and

(B) that health care providers appropriately order, interpret and respond to the results from such tests to tailor pain therapy, safeguards, and risk management strategies to each patient.

(b) PAIN MANAGEMENT EDUCATION AND TRAINING.—

(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the Secretary shall require all employees of the Department responsible for prescribing opioids to receive education and training described in paragraph (2).

(2) EDUCATION AND TRAINING.—Education and training described in this paragraph is education and training on pain management and safe opioid prescribing practices for purposes of safely and effectively managing patients with chronic pain, including education and training on the following:

(A) The implementation of and full compliance with the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any update to such guideline.

(B) The use of evidence-based pain management therapies, including cognitive-behavioral therapy, non-opioid alternatives, and non-drug methods and procedures to managing pain and related health conditions including medical devices approved or cleared by the Food and Drug Administration for the treatment of patients with chronic pain and complementary alternative medicines.

(C) Screening and identification of patients with substance use disorder, including drug-seeking behavior, before prescribing opioids, assessment of risk potential for patients developing an addiction, and referral of patients to appropriate addiction treatment professionals if addiction is identified or strongly suspected.

(D) Communication with patients on the potential harm associated with the use of opioids and other controlled substances, including the need to safely store and dispose of supplies relating to the use of opioids and other controlled substances.

(E) Such other education and training as the Secretary considers appropriate to ensure that veterans receive safe and high-quality pain management care from the Department.

(3) USE OF EXISTING PROGRAM.—In providing education and training described in paragraph (2), the Secretary shall use the Interdisciplinary Chronic Pain Management Training Team Program of the Department (or success program).

(c) PAIN MANAGEMENT TEAMS.—

(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the director of each medical facility of the Department shall identify and designate a pain management team of health care professionals, which may include board certified pain medicine specialists, responsible for coordinating and overseeing pain management therapy at such facility for patients experiencing acute and chronic pain that is non-cancer related.

(2) ESTABLISHMENT OF PROTOCOLS.—

(A) IN GENERAL.—In consultation with the Directors of each Veterans Integrated Service Network, the Secretary shall establish standard protocols for the designation of pain management teams at each medical facility within the Department.

(B) CONSULTATION ON PRESCRIPTION OF OPIOIDS.—Each protocol established under subparagraph (A) shall ensure that any health care provider without expertise in prescribing analgesics or who has not completed the education and training under subsection (b), including a mental health care provider, does not prescribe opioids to a patient unless that health care provider—

(i) consults with a health care provider with pain management expertise or who is on the pain management team of the medical facility; and

(ii) refers the patient to the pain management team for any subsequent prescriptions and related therapy.

(3) REPORT.—

(A) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the director of each medical facility of the Department shall submit to the Under Secretary for Health and the director of the Veterans Integrated Service Network in which the medical facility is located a report identifying the health care professionals that have been designated as members of the pain management team at the medical facility pursuant to paragraph (1).

(B) ELEMENTS.—Each report submitted under subparagraph (A) with respect to a medical facility of the Department shall include—

(i) a certification as to whether all members of the pain management team at the medical facility have completed the education and training required under subsection (b);

(ii) a plan for the management and referral of patients to such pain management team if health care providers without expertise in prescribing analgesics prescribe opioid medications to treat acute and chronic pain that is non-cancer related; and

(iii) a certification as to whether the medical facility—

(I) fully complies with the stepped-care model of pain management and other pain management policies contained in Directive 2009–053 of the Veterans Health Administration, or successor directive; or

(II) does not fully comply with such stepped-care model of pain management and other pain management policies but is carrying out a corrective plan of action to ensure such full compliance.

(d) TRACKING AND MONITORING OF OPIOID USE.—

(1) PRESCRIPTION DRUG MONITORING PROGRAMS OF STATES.—In carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool of the Department, the Secretary shall—

(A) ensure access by health care providers of the Department to information on controlled substances, including opioids and benzodiazepines, prescribed to veterans who receive care outside the Department through the prescription drug monitoring program of each State with such a program, including by seeking to enter into memoranda of understanding with States to allow shared access of such information between States and the Department;

(B) include such information in the Opioid Therapy Risk Report; and

(C) require health care providers of the Department to submit to the prescription drug monitoring program of each State information on prescriptions of controlled substances received by veterans in that State under the laws administered by the Secretary.

(2) REPORT ON TRACKING OF DATA ON OPIOID USE.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the feasibility and advisability of improving the Opioid Therapy Risk Report tool of the Department to allow for more advanced real-time tracking of and access to data on—

(A) the key clinical indicators with respect to the totality of opioid use by veterans;

(B) concurrent prescribing by health care providers of the Department of opioids in different health care settings, including data on concurrent prescribing of opioids to treat mental health disorders other than opioid use disorder; and

(C) mail-order prescriptions of opioid prescribed to veterans under the laws administered by the Secretary.

(e) AVAILABILITY OF OPIOID RECEPTOR ANTAGONISTS.—

(1) INCREASED AVAILABILITY AND USE.—

(A) IN GENERAL.—The Secretary shall maximize the availability of opioid receptor antagonists approved by the Food and Drug Administration, including naloxone, to veterans.

(B) AVAILABILITY, TRAINING, AND DISTRIBUTING.—In carrying out subparagraph (A), not later than 90 days after the date of the enactment of this Act, the Secretary shall—

(i) equip each pharmacy of the Department with opioid receptor antagonists approved by the Food and Drug Administration to be dispensed to outpatients as needed; and

(ii) expand the Overdose Education and Naloxone Distribution program of the Department to ensure that all veterans in receipt of health care under laws administered by the Secretary who are at risk of opioid overdose may access such opioid receptor antagonists and training on the proper administration of such opioid receptor antagonists.

(C) VETERANS WHO ARE AT RISK.—For purposes of subparagraph (B), veterans who are at risk of opioid overdose include—

(i) veterans receiving long-term opioid therapy;

(ii) veterans receiving opioid therapy who have a history of substance use disorder or prior instances of overdose; and

(iii) veterans who are at risk as determined by a health care provider who is treating the veteran.

(2) REPORT.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on carrying out paragraph (1), including an assessment of any remaining steps to be carried out by the Secretary to carry out such paragraph.

(f) INCLUSION OF CERTAIN INFORMATION AND CAPABILITIES IN OPIOID THERAPY RISK REPORT TOOL OF THE DEPARTMENT.—

(1) INFORMATION.—The Secretary shall include in the Opioid Therapy Risk Report tool of the Department—

(A) information on the most recent time the tool was accessed by a health care provider of the Department with respect to each veteran; and

(B) information on the results of the most recent urine drug test for each veteran.

(2) CAPABILITIES.—The Secretary shall include in the Opioid Therapy Risk Report tool the ability of the health care providers of the Department to determine whether a health care provider of the Department prescribed opioids to a veteran without checking the information in the tool with respect to the veteran.

(g) NOTIFICATIONS OF RISK IN COMPUTERIZED HEALTH RECORD.—The Secretary shall modify the computerized patient record system of the Department to ensure that any health care provider that accesses the record of a veteran, regardless of the reason the veteran seeks care

from the health care provider, will be immediately notified whether the veteran—

(1) is receiving opioid therapy and has a history of substance use disorder or prior instances of overdose;

(2) has a history of opioid abuse; or

(3) is at risk of becoming an opioid abuser as determined by a health care provider who is treating the veteran.

(h) DEFINITIONS.—In this section:

(1) The term ''controlled substance'' has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(2) The term ''State'' means each of the several States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

SEC. 303. STRENGTHENING OF JOINT WORKING GROUP ON PAIN MANAGEMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the Pain Management Working Group of the Health Executive Committee of the Department of Veterans Affairs–Department of Defense Joint Executive Committee (Pain Management Working Group) established under section 320 of title 38, United States Code, includes a focus on the following:

(1) The opioid prescribing practices of health care providers of each Department.

(2) The ability of each Department to manage acute and chronic pain among individuals receiving health care from the Department, including training health care providers with respect to pain management.

(3) The use by each Department of complementary and integrative health and complementary alternative medicines in treating such individuals.

(4) The concurrent use by health care providers of each Department of opioids and prescription drugs to treat mental health disorders, including benzodiazepines.

(5) The practice by health care providers of each Department of prescribing opioids to treat mental health disorders.

(6) The coordination in coverage of and consistent access to medications prescribed for patients transitioning from receiving health care from the Department of Defense to receiving health care from the Department of Veterans Affairs.

(7) The ability of each Department to identify and treat substance use disorders among individuals receiving health care from that Department.

(b) COORDINATION AND CONSULTATION.—The Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the working group described in subsection (a)—

(1) coordinates the activities of the working group with other relevant working groups established under section 320 of title 38, United States Code;

(2) consults with other relevant Federal agencies with respect to the activities of the working group; and

(3) consults with the Department of Veterans Affairs and the Department of Defense with respect to, reviews, and comments on the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, or any successor guideline, before any update to the guideline is released.

(c) CLINICAL PRACTICE GUIDELINES.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense shall issue an update to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

(2) MATTERS INCLUDED.—In conducting the update under subsection (a), the Pain Management Working Group, in coordination with the Clinical Practice Guideline VA/DOD Management of Opioid Therapy for Chronic Pain Working Group, shall examine whether the Clinical Practical Guideline should include the following:

(A) Enhanced guidance with respect to—

(i) the coadministration of an opioid and other drugs, including benzodiazepines, that may result in life-limiting drug interactions;

(ii) the treatment of patients with current acute psychiatric instability or substance use disorder or patients at risk of suicide; and

(iii) the use of opioid therapy to treat mental health disorders other than opioid use disorder.

(B) Enhanced guidance with respect to the treatment of patients with behaviors or comorbidities, such as post-traumatic stress disorder or other psychiatric disorders, or a history of substance abuse or addiction, that requires a consultation or comanagement of opioid therapy with one or more specialists in pain management, mental health, or addictions.

(C) Enhanced guidance with respect to health care providers—

(i) conducting an effective assessment for patients beginning or continuing opioid therapy, including understanding and setting realistic goals with respect to achieving and maintaining an expected level of pain relief, improved function, or a clinically appropriate combination of both; and

(ii) effectively assessing whether opioid therapy is achieving or maintaining the established treatment goals of the patient or whether the patient and health care provider should discuss adjusting, augmenting, or discontinuing the opioid therapy.

(D) Guidelines to govern the methodologies used by health care providers of the Department of Veterans Affairs and the Department of Defense to taper opioid therapy when adjusting or discontinuing the use of opioid therapy.

(E) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition between inpatient and outpatient health care settings, which may include the use of care transition plans.

(F) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition from receiving care during active duty to post-military health care networks.

(G) Guidelines with respect to providing options, before initiating opioid therapy, for pain management therapies without the use of opioids and options to augment opioid therapy with other clinical and complementary and integrative health services to minimize opioid dependence.

(H) Guidelines with respect to the provision of evidence-based non-opioid treatments within the Department of Veterans Affairs and the Department of Defense, including medical devices and other therapies approved or cleared by the Food and Drug Administration for the treatment of chronic pain as an alternative to or to augment opioid therapy.

SEC. 304. REVIEW, INVESTIGATION, AND REPORT ON USE OF OPIOIDS IN TREATMENT BY DEPARTMENT OF VETERANS AFFAIRS.

(a) COMPTROLLER GENERAL REPORT.—

(1) IN GENERAL.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Opioid Safety Initiative of the Department of Veterans Affairs and the opioid prescribing practices of health care providers of the Department.

(2) ELEMENTS.—The report submitted under paragraph (1) shall include the following:

(A) Recommendations on such improvements to the Opioid Safety Initiative of the Department as the Comptroller General considers appropriate.

(B) Information with respect to—

(i) deaths resulting from sentinel events involving veterans prescribed opioids by a health care provider of the Department;

(ii) overall prescription rates and prescriptions indications of opioids to treat non-cancer, non-palliative, and non-hospice care patients;

(iii) the prescription rates and prescriptions indications of benzodiazepines and opioids concomitantly by health care providers of the Department;

(iv) the practice by health care providers of the Department of prescribing opioids to treat patients without any pain, including to treat patients with mental health disorders other than opioid use disorder; and

(v) the effectiveness of opioid therapy for patients receiving such therapy, including the effectiveness of long-term opioid therapy.

(C) An evaluation of processes of the Department in place to oversee opioid use among veterans, including procedures to identify and remedy potential over-prescribing of opioids by health care providers of the Department.

(D) An assessment of the implementation by the Secretary of the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

(b) QUARTERLY PROGRESS REPORT ON IMPLEMENTATION OF COMPTROLLER GENERAL RECOMMENDATIONS.—Not later than 2 years after the date of the enactment of this Act, and not later than 30 days after the end of each quarter thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a progress report detailing the actions by the Secretary during the period covered by the report to address any outstanding findings and recommendations by the Comptroller General of the United States under subsection (a) with respect to the Veterans Health Administration.

(c) ANNUAL REVIEW OF PRESCRIPTION RATES.—Not later than 1 year after the date of the enactment of this Act, and not less frequently than annually for the following 5 years, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report, with respect to each medical facility of the Department of Veterans Affairs, to collect and review information on opioids prescribed by health care providers at the facility to treat non-cancer, non-palliative, and non-hospice care patients that contains, for the 1-year period preceding the submission of the report, the following:

(1) The number of patients and the percentage of the patient population of the Department who were prescribed benzodiazepines and opioids concurrently by a health care provider of the Department.

(2) The number of patients and the percentage of the patient population of the Department without any pain who were prescribed opioids by a health care provider of the Department, including those who were prescribed benzodiazepines and opioids concurrently.

(3) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were treated with opioids by a health care provider of the Department on an inpatient-basis and who also received prescription opioids by mail from the Department while being treated on an inpatient-basis.

(4) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were prescribed opioids concurrently by a health care provider of the Department and a health care provider that is not health care provider of the Department.

(5) With respect to each medical facility of the Department, information on opioids prescribed by health care providers at the facility to treat non-cancer, non-palliative, and non-hospice care patients, including information on—

(A) the prescription rate at which each health care provider at the facility prescribed benzodiazepines and opioids concurrently to such patients and the aggregate such prescription rate for all health care providers at the facility;

(B) the prescription rate at which each health care provider at the facility prescribed benzodiazepines or opioids to such patients to treat conditions for which benzodiazepines or opioids are not approved treatment and the aggregate such prescription rate for all health care providers at the facility;

(C) the prescription rate at which each health care provider at the facility prescribed or dispensed mail-order prescriptions of opioids to such patients while such patients were being treated with opioids on an inpatient-basis and the aggregate of such prescription rate for all health care providers at the facility; and

(D) the prescription rate at which each health care provider at the facility prescribed opioids to such patients who were also concurrently prescribed opioids by a health care provider that is not a health care provider of the Department and the aggregate of such prescription rates for all health care providers at the facility.

(6) With respect to each medical facility of the Department, the number of times a pharmacist at the facility overrode a critical drug interaction warning with respect to an interaction between opioids and another medication before dispensing such medication to a veteran.

(d) INVESTIGATION OF PRESCRIPTION RATES.—If the Secretary determines that a prescription rate with respect to a health care provider or medical facility of the Department conflicts with or is otherwise inconsistent with the standards of appropriate and safe care, the Secretary shall—

(1) immediately notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives of such determination, including information relating to such determination, prescription rate, and health care provider or medical facility, as the case may be; and

(2) through the Office of the Medical Inspector of the Veterans Health Administration, conduct a full investigation of the health care provider or medical facility, as the case may be.

(e) PRESCRIPTION RATE DEFINED.—In this section, the term ''prescription rate'' means, with respect to a health care provider or medical facility of the Department, each of the following:

(1) The number of patients treated with opioids by the health care provider or at the medical facility, as the case may be, divided by the total number of pharmacy users of that health care provider or medical facility.

(2) The average number of morphine equivalents per day prescribed by the health care provider or at the medical facility, as the case may be, to patients being treated with opioids.

(3) Of the patients being treated with opioids by the health care provider or at the medical facility, as the case may be, the average number of prescriptions of opioids per patient.

SEC. 305. MANDATORY DISCLOSURE OF CERTAIN VETERAN INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

Section 5701(l) of title 38, United States Code, is amended by striking ''may'' and inserting ''shall''.

SEC. 306. MODIFICATION TO LIMITATION ON AWARDS AND BONUSES.

Section 705 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 703 note) is amended to read as follows:

''SEC. 705. LIMITATION ON AWARDS AND BONUSES PAID TO EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.

''The Secretary of Veterans Affairs shall ensure that the aggregate amount of awards and bonuses paid by the Secretary in a fiscal year under chapter 45 or 53 of title 5, United States Code, or any other awards or bonuses authorized under such title or title 38, United States Code, does not exceed the following amounts:

''(1) With respect to each of fiscal years 2017 through 2021, $230,000,000.

''(2) With respect to each of fiscal years 2022 through 2024, $360,000,000.''.

TITLE IV—KINGPIN DESIGNATION IMPROVEMENT ACT

SEC. 401. SHORT TITLE.

This title may be cited as the ''Kingpin Designation Improvement Act of 2016''.

SEC. 402. PROTECTION OF CLASSIFIED INFORMATION IN FEDERAL COURT CHALLENGES RELATING TO DESIGNATIONS UNDER THE NARCOTICS KINGPIN DESIGNATION ACT.

Section 804 of the Foreign Narcotics Kingpin Designation Act (21 U.S.C. 1903) is amended by adding at the end the following:

''(i) PROTECTION OF CLASSIFIED INFORMATION IN FEDERAL COURT CHALLENGES RELATING TO DESIGNATIONS.—In any judicial review of a determination made under this section, if the determination was based on classified information (as defined in section 1(a) of the Classified Information Procedures Act) such information may be submitted to the reviewing court ex parte and in camera. This subsection does not confer or imply any right to judicial review.''.

TITLE V—GOOD SAMARITAN ASSESSMENT ACT

SEC. 501. SHORT TITLE.

This title may be cited as the ''Good Samaritan Assessment Act of 2016''.

SEC. 502. FINDING.

The Congress finds that the executive branch, including the Office of National Drug Control Policy, has a policy focus on preventing and addressing prescription drug misuse and heroin use, and has worked with States and municipalities to enact Good Samaritan laws that would protect caregivers, law enforcement personnel, and first responders who administer opioid overdose reversal drugs or devices.

SEC. 503. GAO STUDY ON GOOD SAMARITAN LAWS PERTAINING TO TREATMENT OF OPIOID OVERDOSES.

The Comptroller General of the United States shall submit to the Committee on the Judiciary of the House of Representatives, the Committee on Oversight and Government Reform of the House of Representatives, the Committee on the Judiciary of the Senate, and the Committee on Homeland Security and Governmental Affairs of the Senate a report on—

(1) the extent to which the Director of National Drug Control Policy has reviewed Good Samaritan laws, and any findings from such a review, including findings related to the potential effects of such laws, if available;

(2) efforts by the Director to encourage the enactment of Good Samaritan laws; and

(3) a compilation of Good Samaritan laws in effect in the States, the territories, and the District of Columbia.

SEC. 504. DEFINITIONS.

In this title—

(1) the term ''Good Samaritan law'' means a law of a State or unit of local government that exempts from criminal or civil liability any individual who administers an opioid overdose reversal drug or device, or who contacts emergency services providers in response to an overdose; and

(2) the term ''opioid'' means any drug, including heroin, having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

TITLE VI—OPEN ACT

SEC. 601. SHORT TITLE.

This title may be cited as the ''Opioid Program Evaluation Act'' or the ''OPEN Act''.

SEC. 602. EVALUATION OF PERFORMANCE OF DEPARTMENT OF JUSTICE PROGRAM.

(a) EVALUATION OF JUSTICE DEPARTMENT COMPREHENSIVE OPIOID ABUSE GRANT PROGRAM.—Not later than 5 years after the date of enactment of this Act, the Attorney General shall complete an evaluation of the effectiveness of the Comprehensive Opioid Abuse Grant Program under part LL of the Omnibus Crime Control and Safe Streets Act of 1968 administered by the Department of Justice based upon the information reported under subsection (d) of this section.

(b) INTERIM EVALUATION.—Not later than 3 years after the date of enactment of this Act, the Attorney General shall complete an interim evaluation assessing the nature and extent of the incidence of opioid abuse and illegal opioid distribution in the United States.

(c) METRICS AND OUTCOMES FOR EVALUATION.—Not later than 180 days after the date of enactment of this Act, the Attorney General shall identify outcomes that are to be achieved by activities funded by the Comprehensive Opioid Grant Abuse Program and the metrics by which the achievement of such outcomes shall be determined.

(d) METRICS DATA COLLECTION.—The Attorney General shall require grantees under the Comprehensive Opioid Abuse Grant Program (and those receiving subawards under section 3021(b) of part LL of the Omnibus Crime Control and Safe Streets Act of 1968) to collect and annually report to the Department of Justice data based upon the metrics identified under subsection (c).

(e) PUBLICATION OF DATA AND FINDINGS.—

(1) PUBLICATION OF OUTCOMES AND METRICS.—The Attorney General shall, not later than 30 days after completion of the requirement under subsection (c), publish the outcomes and metrics identified under that subsection.

(2) PUBLICATION OF EVALUATION.—In the case of the interim evaluation under subsection (b), and the final evaluation under subsection (a), the National Academy of Sciences shall, not later than 90 days after such an evaluation is completed, publish the results of such evaluation and issue a report on such evaluation to the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate. Such report shall also be published along with the data used to make such evaluation.

(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF SCIENCES.—For purposes of subsections (a), (b), and (c), the Attorney General shall enter into an arrangement with the National Academy of Sciences.

SEC. 603. EVALUATION OF PERFORMANCE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAM.

(a) EVALUATION OF DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAMS.—Not later than 5 years after the date of enactment of this Act, except as otherwise provided in this section, the Secretary of Health and Human Services shall complete an evaluation of any program administered by the Secretary that provides grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse based upon the information reported under subsection (d) of this section.

(b) INTERIM EVALUATION.—Not later than 3 years after the date of enactment of this Act, the Secretary shall complete an interim evaluation assessing the nature and extent of the incidence of opioid abuse and illegal opioid distribution in the United States.

(c) METRICS AND OUTCOMES FOR EVALUATION.—Not later than 180 days after the date of enactment of this Act, the Secretary shall identify outcomes that are to be achieved by activities funded by the programs described in subsection (a) and the metrics by which the achievement of such outcomes shall be determined.

(d) METRICS DATA COLLECTION.—The Secretary shall require grantees under the programs

described in subsection (a) to collect and annually report to the Department of Health and Human Services data based upon the metrics identified under subsection (c).

(e) PUBLICATION OF DATA AND FINDINGS.—

(1) PUBLICATION OF OUTCOMES AND METRICS.—The Secretary shall, not later than 30 days after completion of the requirement under subsection (c), publish the outcomes and metrics identified under that subsection.

(2) PUBLICATION OF EVALUATION.—In the case of the interim evaluation under subsection (b), and each final evaluation under subsection (a), the National Academy of Sciences shall, not later than 90 days after such an evaluation is completed, publish the results of such evaluation and issue a report on such evaluation to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate. Such report shall also be published along with the data used to make such evaluation.

(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF SCIENCES.—For purposes of subsections (a), (b), and (c), the Secretary shall—

(1) enter into an arrangement with the National Academy of Sciences; or

(2) enter into a contract or cooperative agreement with an entity that is not an agency of the Federal Government.

(g) EXCEPTION.—If a program described under subsection (a) is subject to an evaluation substantially similar to the evaluation under subsection (a) pursuant to another provision of law, the Secretary may opt not to conduct an evaluation under subsection (a) of such program.

SEC. 604. DEFINITION.

In this title, the term ''opioid'' has the meaning given the term ''opiate'' in section 102 of the Controlled Substances Act (21 U.S.C. 802).

SEC. 605. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out this Act.

SEC. 606. MATTERS REGARDING CERTAIN FEDERAL LAW ENFORCEMENT ASSISTANCE.

Section 609Y of the Justice Assistance Act of 1984 (42 U.S.C. 10513) is amended—

(1) in subsection (a), by striking ''There is'' and inserting ''Except as provided in subsection (c), there is''; and

(2) by adding at the end the following:

''(c) For fiscal year 2022, there is authorized to be appropriated $16,000,000, to provide under this chapter Federal law enforcement assistance in the form of funds.''.

TITLE VII—INFANT PLAN OF SAFE CARE IMPROVEMENT ACT

SEC. 701. SHORT TITLE.

This title may be cited as the ''Infant Plan of Safe Care Improvement Act''.

SEC. 702. BEST PRACTICES FOR DEVELOPMENT OF PLANS OF SAFE CARE.

Section 103(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104(b)) is amended—

(1) by redesignating paragraphs (5) through (8) as paragraphs (6) through (9), respectively; and

(2) by inserting after paragraph (4), the following:

''(5) maintain and disseminate information about the requirements of section 106(b)(2)(B)(iii) and best practices relating to the development of plans of safe care as described in such section for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder;''.

SEC. 703. STATE PLANS.

Section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(iii)) is amended by inserting before the semicolon at the end the following: ''to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—''

''(I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and

''(II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver''.

SEC. 704. DATA REPORTS.

(a) IN GENERAL.—Section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended by adding at the end of the following:

''(17)(A) The number of infants identified under subsection (b)(2)(B)(ii).

''(B) The number of infants for whom a plan of safe care was developed under subsection (b)(2)(B)(iii).

''(C) The number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).''.

(b) REDESIGNATION.—Effective on May 29, 2017, section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended by redesignating paragraph (17) (as added by subsection (a)) as paragraph (18).

SEC. 705. MONITORING AND OVERSIGHT.

(a) AMENDMENT.—Title I of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) is further amended by adding at the end the following:

''SEC. 114. MONITORING AND OVERSIGHT.

''The Secretary shall conduct monitoring to ensure that each State that receives a grant under section 106 is in compliance with the requirements of section 106(b), which—

''(1) shall—

''(A) be in addition to the review of the State plan upon its submission under section 106(b)(1)(A); and

''(B) include monitoring of State policies and procedures required under clauses (ii) and (iii) of section 106(b)(2)(B); and

''(2) may include—

''(A) a comparison of activities carried out by the State to comply with the requirements of section 106(b) with the State plan most recently approved under section 432 of the Social Security Act;

''(B) a review of information available on the Website of the State relating to its compliance with the requirements of section 106(b);

''(C) site visits, as may be necessary to carry out such monitoring; and

''(D) a review of information available in the State's Annual Progress and Services Report most recently submitted under section 1357.16 of title 45, Code of Federal Regulations (or successor regulations).''.

(b) TABLE OF CONTENTS.—The table of contents in section 1(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is amended by inserting after the item relating to section 113, the following:

''Sec. 114. Monitoring and oversight.''.

SEC. 706. RULE OF CONSTRUCTION.

Nothing in this Act, or the amendments made by this Act, shall be construed to authorize the Secretary of Health and Human Services or any other officer of the Federal Government to add new requirements to section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)), as amended by this Act.

TITLE VIII—NAS HEALTHY BABIES ACT

SEC. 801. SHORT TITLE.

This title may be cited as the ''Nurturing And Supporting Healthy Babies Act'' or as the ''NAS Healthy Babies Act''.

SEC. 802. GAO REPORT ON NEONATAL ABSTINENCE SYNDROME (NAS).

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance and the Committee on Health, Education, Labor and Pensions of the Senate a report on neonatal abstinence syndrome (in this section referred to as ''NAS'') in the United States.

(b) INFORMATION TO BE INCLUDED IN REPORT.—Such report shall include information on the following:

(1) The prevalence of NAS in the United States, including the proportion of children born in the United States with NAS who are eligible for medical assistance under State Medicaid programs under title XIX of the Social Security Act at birth and the costs associated with NAS through such programs.

(2) The services for which coverage is available under State Medicaid programs for treatment of infants with NAS.

(3) The settings (including inpatient, outpatient, hospital-based, and other settings) for the treatment of infants with NAS and the reimbursement methodologies and costs associated with such treatment in such settings.

(4) The prevalence of utilization of various care settings under State Medicaid programs for treatment of infants with NAS and any Federal barriers to treating such infants under such programs, particularly in non-hospital-based settings.

(5) What is known about best practices for treating infants with NAS.

(c) RECOMMENDATIONS.—Such report also shall include such recommendations as the Comptroller General determines appropriate for improvements that will ensure access to treatment for infants with NAS under State Medicaid programs.

SEC. 803. EXCLUDING ABUSE-DETERRENT FORMULATIONS OF PRESCRIPTION DRUGS FROM THE MEDICAID ADDITIONAL REBATE REQUIREMENT FOR NEW FORMULATIONS OF PRESCRIPTION DRUGS.

(a) IN GENERAL.—The last sentence of section 1927(c)(2)(C) of the Social Security Act (42 U.S.C. 1396r–8(c)(2)(C)) is amended by inserting before the period at the end the following: '', but does not include an abuse-deterrent formulation of the drug (as determined by the Secretary), regardless of whether such abuse-deterrent formulation is an extended release formulation''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to drugs that are paid for by a State in calendar quarters beginning on or after the date of the enactment of this Act.

SEC. 804. LIMITING DISCLOSURE OF PREDICTIVE MODELING AND OTHER ANALYTICS TECHNOLOGIES TO IDENTIFY AND PREVENT WASTE, FRAUD, AND ABUSE.

(a) IN GENERAL.—Title XI of the Social Security Act is amended by inserting after section 1128J (42 U.S.C. 1320a–7k) the following new section:

''SEC. 1128K. DISCLOSURE OF PREDICTIVE MODELING AND OTHER ANALYTICS TECHNOLOGIES TO IDENTIFY AND PREVENT WASTE, FRAUD, AND ABUSE.

''(a) REFERENCE TO PREDICTIVE MODELING TECHNOLOGIES REQUIREMENTS.—For provisions relating to the use of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse with respect to the Medicare program under title XVIII, the Medicaid program under title XIX, and the Children's Health Insurance Program under title XXI, see section 4241 of the Small Business Jobs Act of 2010 (42 U.S.C. 1320a–7m).

''(b) LIMITING DISCLOSURE OF PREDICTIVE MODELING TECHNOLOGIES.—In implementing

such provisions under such section 4241 with respect to covered algorithms (as defined in subsection (c)), the following shall apply:

''(1) NONAPPLICATION OF FOIA.—The covered algorithms used or developed for purposes of such section (including by the Secretary or a State (or an entity operating under a contract with a State)) shall be exempt from disclosure under section 552(b)(3) of title 5, United States Code.

''(2) LIMITATION WITH RESPECT TO USE AND DISCLOSURE OF INFORMATION BY STATE AGENCIES.—

''(A) IN GENERAL.—A State agency may not use or disclose covered algorithms used or developed for purposes of such section except for purposes of administering the State plan (or a waiver of the plan) under the Medicaid program under title XIX or the State child health plan (or a waiver of the plan) under the Children's Health Insurance Program under title XXI, including by enabling an entity operating under a contract with a State to assist the State to identify or prevent waste, fraud, and abuse with respect to such programs.

''(B) INFORMATION SECURITY.—A State agency shall have in effect data security and control policies that the Secretary finds adequate to ensure the security of covered algorithms used or developed for purposes of such section 4241 and to ensure that access to such information is restricted to authorized persons for purposes of authorized uses and disclosures described in subparagraph (A).

''(C) PROCEDURAL REQUIREMENTS.—State agencies to which information is disclosed pursuant to such section 4241 shall adhere to uniform procedures established by the Secretary.

''(c) COVERED ALGORITHM DEFINED.—In this section, the term 'covered algorithm'—

''(1) means a predictive modeling or other analytics technology, as used for purposes of section 4241(a) of the Small Business Jobs Act of 2010 (42 U.S.C. 1320a–7m(a)) to identify and prevent waste, fraud, and abuse with respect to the Medicare program under title XVIII, the Medicaid program under title XIX, and the Children's Health Insurance Program under title XXI; and

''(2) includes the mathematical expressions utilized in the application of such technology and the means by which such technology is developed.''.

(b) CONFORMING AMENDMENTS.—

(1) MEDICAID STATE PLAN REQUIREMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) in paragraph (80), by striking ''and'' at the end;

(B) in paragraph (81), by striking the period at the end and inserting ''; and''; and

(C) by inserting after paragraph (81) the following new paragraph:

''(82) provide that the State agency responsible for administering the State plan under this title provides assurances to the Secretary that the State agency is in compliance with subparagraphs (A), (B), and (C) of section 1128K(b)(2).''.

(2) STATE CHILD HEALTH PLAN REQUIREMENT.—Section 2102(a)(7) of the Social Security Act (42 U.S.C. 1397bb(a)(7)) is amended—

(A) in subparagraph (A), by striking '', and'' at the end and inserting a semicolon;

(B) in subparagraph (B), by striking the period at the end and inserting ''; and''; and

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

''(C) to ensure that the State agency involved is in compliance with subparagraphs (A), (B), and (C) of section 1128K(b)(2).''.

SEC. 805. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(1) of the Social Security Act (42 U.S.C. 1396w–1(b)(1)) is amended to read as follows:

''(1) IN GENERAL.—There shall be available to the Fund, for expenditures from the Fund for fiscal year 2021 and thereafter, $5,000,000.''.

TITLE IX—CO-PRESCRIBING TO REDUCE OVERDOSES ACT

SEC. 901. SHORT TITLE.

This title may be cited as the ''Co-Prescribing to Reduce Overdoses Act of 2016''.

SEC. 902. OPIOID OVERDOSE REVERSAL DRUGS PRESCRIBING GRANT PROGRAM.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services may establish, in accordance with this section, a 5-year opioid overdose reversal drugs prescribing grant program (in this Act referred to as the ''grant program'').

(2) MAXIMUM GRANT AMOUNT.—A grant made under this section may not be for more than $200,000 per grant year.

(3) ELIGIBLE ENTITY.—For purposes of this section, the term ''eligible entity'' means a federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), an opioid treatment program under part 8 of title 42, Code of Federal Regulations, any practitioner dispensing narcotic drugs pursuant to section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)), or any other entity that the Secretary deems appropriate.

(4) PRESCRIBING.—For purposes of this section and section 3, the term ''prescribing'' means, with respect to an opioid overdose reversal drug, such as naloxone, the practice of prescribing such drug—

(A) in conjunction with an opioid prescription for patients at an elevated risk of overdose;

(B) 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 abuse disorder;

(C) to the caregiver or a close relative of patients at an elevated risk of overdose from opioids; or

(D) in other circumstances, as identified by the Secretary, in which a provider identifies a patient is at an elevated risk for an intentional or unintentional drug overdose from heroin or prescription opioid therapies.

(b) APPLICATION.—To be eligible to receive a grant under this section, an eligible entity shall submit to the Secretary of Health and Human Services, in such form and manner as specified by the Secretary, an application that describes—

(1) the extent to which the area to which the entity will furnish services through use of the grant is experiencing significant morbidity and mortality caused by opioid abuse;

(2) the criteria that will be used to identify eligible patients to participate in such program; and

(3) how such program will work to try to identify State, local, or private funding to continue the program after expiration of the grant.

(c) USE OF FUNDS.—An eligible entity receiving a grant under this section may use the grant for any of the following activities, but may use not more than 20 percent of the grant funds for activities described in paragraphs (4) and (5):

(1) To establish a program for prescribing opioid overdose reversal drugs, such as naloxone.

(2) To train and provide resources for health care providers and pharmacists on the prescribing of opioid overdose reversal drugs, such as naloxone.

(3) To establish mechanisms and processes for tracking patients participating in the program described in paragraph (1) and the health outcomes of such patients.

(4) To purchase opioid overdose reversal drugs, such as naloxone, for distribution under the program described in paragraph (1).

(5) To offset the co-pays and other cost sharing associated with opioid overdose reversal drugs, such as naloxone, to ensure that cost is not a limiting factor for eligible patients.

(6) To conduct community outreach, in conjunction with community-based organizations, designed to raise awareness of prescribing practices, and the availability of opioid overdose reversal drugs, such as naloxone.

(7) To establish protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication assisted treatment and appropriate counseling and behavioral therapies.

(d) EVALUATIONS BY RECIPIENTS.—As a condition of receipt of a grant under this section, an eligible entity shall, for each year for which the grant is received, submit to the Secretary of Health and Human Services information on appropriate outcome measures specified by the Secretary to assess the outcomes of the program funded by the grant, including—

(1) the number of prescribers trained;

(2) the number of prescribers who have co-prescribed an opioid overdose reversal drug, such as naloxone, to at least one patient;

(3) the total number of prescriptions written for opioid overdose reversal drugs, such as naloxone;

(4) the percentage of patients at elevated risk who received a prescription for an opioid overdose reversal drug, such as naloxone;

(5) the number of patients reporting use of an opioid overdose reversal drug, such as naloxone; and

(6) any other outcome measures that the Secretary deems appropriate.

(e) REPORTS BY SECRETARY.—For each year of the grant program under this section, the Secretary of Health and Human Services shall submit to the appropriate committees of the House of Representatives and of the Senate a report aggregating the information received from the grant recipients for such year under subsection (d) and evaluating the outcomes achieved by the programs funded by grants made under this section.

SEC. 903. PROVIDING INFORMATION TO PRESCRIBERS IN CERTAIN FEDERAL HEALTH CARE AND MEDICAL FACILITIES ON BEST PRACTICES FOR PRESCRIBING OPIOID OVERDOSE REVERSAL DRUGS.

(a) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') may, 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 prescribing opioid overdose reversal drugs, such as naloxone, for patients receiving chronic opioid therapy, patients being treated for opioid use disorders, and other patients that a provider identifies as having an elevated risk of overdose from heroin or prescription opioid therapies.

(b) NOT ESTABLISHING A MEDICAL STANDARD OF CARE.—The information on best practices provided under this section shall not be construed as constituting or establishing a medical standard of care for prescribing opioid overdose reversal drugs, such as naloxone, for patients described in subsection (a).

(c) ELEVATED RISK OF OVERDOSE DEFINED.—In this section, the term ''elevated risk of overdose'' has the meaning given such term by the Secretary, which—

(1) may be based on the criteria provided in the Opioid Overdose Toolkit published by the Substance Abuse and Mental Health Services Administration (SAMHSA); and

(2) may include patients on a first course opioid treatment, patients using extended-release and long-acting opioid analgesics, and patients with a respiratory disease or other comorbidities.

SEC. 904. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out this title $5,000,000 for the period of fiscal years 2017 through 2021.

SEC. 905. CUT-GO COMPLIANCE.

Subsection (f) of section 319D of the Public Health Service Act (42 U.S.C. 247d–4) is amended by inserting before the period at the end the following: ''(except such dollar amount shall be reduced by $5,000,000 for fiscal year 2018)''.

TITLE X—IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN ACT

SEC. 1001. SHORT TITLE.

This title may be cited as the ''Improving Treatment for Pregnant and Postpartum Women Act of 2016''.

SEC. 1002. REAUTHORIZATION OF RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) in subsection (p), in the first sentence, by inserting ''(other than subsection (r))'' after ''section''; and

(2) in subsection (r), by striking ''such sums'' and all that follows through ''2003'' and inserting ''$16,900,000 for each of fiscal years 2017 through 2021''.

SEC. 1003. PILOT PROGRAM GRANTS FOR STATE SUBSTANCE ABUSE AGENCIES.

(a) IN GENERAL.—Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) by redesignating subsection (r), as amended by section 2, as subsection (s); and

(2) by inserting after subsection (q) the following new subsection:

''(r) PILOT PROGRAM FOR STATE SUBSTANCE ABUSE AGENCIES.—

''(1) IN GENERAL.—From amounts made available under subsection (s), the Director of the Center for Substance Abuse Treatment shall carry out a pilot program under which competitive grants are made by the Director 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.

''(2) REQUIREMENTS.—In carrying out the pilot program under this subsection, the Director shall—

''(A) 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) identify, based on such submitted applications, State substance abuse agencies that are eligible for such grants;

''(C) 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) not require that services furnished through such a grant be provided solely to women that reside in facilities;

''(E) not require that grant recipients under the program make available through use of the grant all services described in subsection (d); and

''(F) consider not applying requirements described in paragraphs (1) and (2) of subsection (f) to applicants, depending on the circumstances of the applicant.

''(3) REQUIRED SERVICES.—

''(A) IN GENERAL.—The Director shall specify a minimum set of services required to be made available to eligible women through a grant awarded under the pilot program under this subsection. Such minimum set—

''(i) shall include requirements described in subsection (c) and be based on the recommendations submitted under subparagraph (B); and

''(ii) may be selected from among the services described in subsection (d) and include other services as appropriate.

''(B) STAKEHOLDER INPUT.—The Director shall convene and solicit recommendations from stakeholders, including State substance abuse agencies, health care providers, persons in recovery from substance abuse, and other appropriate individuals, for the minimum set of services described in subparagraph (A).

''(4) DURATION.—The pilot program under this subsection shall not exceed 5 years.

''(5) EVALUATION AND REPORT TO CONGRESS.—The Director of the Center for Behavioral Health Statistics and Quality shall fund an evaluation of the pilot program at the conclusion of the first grant cycle funded by the pilot program. The Director of the Center for Behavioral Health Statistics and Quality, in coordination with the Director of the Center for Substance Abuse Treatment shall submit to the relevant committees of jurisdiction of the House of Representatives and the Senate a report on such evaluation. The report 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 medications approved by the Food and Drug Administration for the treatment of substance use disorders in combination with counseling; and other appropriate measures.

''(6) STATE SUBSTANCE ABUSE AGENCIES DEFINED.—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 under part B of title XIX.''.

(b) FUNDING.—Subsection (s) of section 508 of the Public Health Service Act (42 U.S.C. 290bb–1), as amended by section 1002 and redesignated by subsection (a), is further amended by adding at the end the following new sentence: ''Of the amounts made available for a year pursuant to the previous sentence to carry out this section, not more than 25 percent of such amounts shall be made available for such year to carry out subsection (r), other than paragraph (5) of such subsection. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (r) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2016.''.

SEC. 1004. CUT-GO COMPLIANCE.

Subsection (f) of section 319D of the Public Health Service Act (42 U.S.C. 247d–4) is amended by striking ''through 2018'' and inserting ''through 2016, $133,300,000 for fiscal year 2017, and $138,300,000 for fiscal year 2018''.

TITLE XI—VETERAN EMERGENCY MEDICAL TECHNICIAN SUPPORT ACT

SEC. 1101. SHORT TITLE.

This title may be cited as the ''Veteran Emergency Medical Technician Support Act of 2016''.

SEC. 1102. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

''SEC. 315. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.

''(a) PROGRAM.—The Secretary shall establish a program consisting of awarding demonstration grants to States to streamline State requirements and procedures in order to assist veterans who completed military emergency medical technician training while serving in the Armed Forces of the United States to meet certification, licensure, and other requirements applicable to becoming an emergency medical technician in the State.

''(b) USE OF FUNDS.—Amounts received as a demonstration grant under this section shall be used to prepare and implement a plan to streamline State requirements and procedures as described in subsection (a), including by—

''(1) determining the extent to which the requirements for the education, training, and skill level of emergency medical technicians in the State are equivalent to requirements for the education, training, and skill level of military emergency medical technicians; and

''(2) identifying methods, such as waivers, for military emergency medical technicians to forgo or meet any such equivalent State requirements.

''(c) ELIGIBILITY.—To be eligible for a grant under this section, a State shall demonstrate that the State has a shortage of emergency medical technicians.

''(d) REPORT.—The Secretary shall submit to the Congress an annual report on the program under this section.

''(e) FUNDING.—No additional funds are authorized to be appropriated for the purpose of carrying out this section. This section shall be carried out using amounts otherwise available for such purpose.''.

TITLE XII—JOHN THOMAS DECKER ACT

SEC. 1201. SHORT TITLE.

This title may be cited as the ''John Thomas Decker Act of 2016''.

SEC. 1202. INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES.

(a) TECHNICAL CLARIFICATION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106–310), section 3405(a) of such Act (114 Stat. 1221) is amended by striking ''Part E of title III'' and inserting ''Part E of title III of the Public Health Service Act''.

(b) AMENDMENT.—Title III of the Public Health Service Act is amended by inserting after part D of such title (42 U.S.C. 254b et seq.) the following new part E:

''PART E—OPIOID USE DISORDER

''SEC. 341. INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES.

''(a) REPORT.—The Secretary shall—

''(1) not later than 24 months after the date of the enactment of this section, make publicly available a report determining the extent to which informational materials and resources described in subsection (b) are available to teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups; and

''(2) for purposes of educating and preventing addiction in teenagers and adolescents who are injured playing youth sports and are subsequently prescribed an opioid, not later than 12 months after such report is made publicly available and taking into consideration the findings of such report, develop and, in coordination with youth sports groups, disseminate informational materials and resources described in subsection (b) for teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

''(b) MATERIALS AND RESOURCES DESCRIBED.—For purposes of this section, the informational materials and resources described in this subsection are informational materials and resources with respect to youth sports injuries for which opioids are potentially prescribed and

subsequently potentially lead to addiction, including materials and resources focused on the dangers of opioid use and misuse, treatment options for such injuries that do not involve the use of opioids, and how to seek treatment for addiction.

''(c) NO ADDITIONAL FUNDS.—No additional funds are authorized to be appropriated for the purpose of carrying out this section. This section shall be carried out using amounts otherwise available for such purpose.''.

TITLE XIII—LALI'S LAW

SEC. 1301. SHORT TITLE.

This title may be cited as ''Lali's Law''.

SEC. 1302. OPIOID OVERDOSE REVERSAL MEDICATION ACCESS AND EDUCATION GRANT PROGRAMS.

(a) TECHNICAL CLARIFICATION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106–310), section 3405(a) of such Act (114 Stat. 1221) is amended by striking ''Part E of title III'' and inserting ''Part E of title III of the Public Health Service Act''.

(b) AMENDMENT.—Title III of the Public Health Service Act is amended by inserting after part D of such title (42 U.S.C. 254b et seq.) the following new part E:

''PART E—OPIOID USE DISORDER

''SEC. 341. OPIOID OVERDOSE REVERSAL MEDICATION ACCESS AND EDUCATION GRANT PROGRAMS.

''(a) GRANTS TO STATES.—The Secretary may make grants to States for—

''(1) developing standing orders for pharmacies regarding opioid overdose reversal medication;

''(2) encouraging pharmacies to dispense opioid overdose reversal medication pursuant to a standing order;

''(3) implementing best practices for persons authorized to prescribe medication regarding—

''(A) prescribing opioids for the treatment of chronic pain;

''(B) co-prescribing opioid overdose reversal medication with opioids; and

''(C) discussing the purpose and administration of opioid overdose reversal medication with patients;

''(4) developing or adapting training materials and methods for persons authorized to prescribe or dispense medication to use in educating the public regarding—

''(A) when and how to administer opioid overdose reversal medication; and

''(B) steps to be taken after administering opioid overdose reversal medication; and

''(5) educating the public regarding—

''(A) the public health benefits of opioid overdose reversal medication; and

''(B) the availability of opioid overdose reversal medication without a person-specific prescription.

''(b) CERTAIN REQUIREMENT.—A grant may be made under this section only if the State involved has authorized standing orders regarding opioid overdose reversal medication.

''(c) PREFERENCE IN MAKING GRANTS.—In making grants under this section, the Secretary shall give preference to States that—

''(1) have not issued standing orders regarding opioid overdose reversal medication;

''(2) authorize standing orders that permit community-based organizations, substance abuse programs, or other nonprofit entities to acquire, dispense, or administer opioid overdose reversal medication;

''(3) authorize standing orders that permit police, fire, or emergency medical services agencies to acquire and administer opioid overdose reversal medication;

''(4) have a higher per capita rate of opioid overdoses than other applicant States; or

''(5) meet any other criteria deemed appropriate by the Secretary.

''(d) GRANT TERMS.—

''(1) NUMBER.—A State may not receive more than one grant under this section.

''(2) PERIOD.—A grant under this section shall be for a period of 3 years.

''(3) AMOUNT.—A grant under this section may not exceed $500,000.

''(4) LIMITATION.—A State may use not more than 20 percent of a grant under this section for educating the public pursuant to subsection (a)(5).

''(e) APPLICATIONS.—To be eligible to receive a grant under this section, a State shall submit an application to the Secretary in such form and manner and containing such information as the Secretary may require, including detailed proposed expenditures of grant funds.

''(f) REPORTING.—Not later than 3 months after the Secretary disburses the first grant payment to any State under this section and every 6 months thereafter for 3 years, such State shall submit a report to the Secretary that includes the following:

''(1) The name and ZIP Code of each pharmacy in the State that dispenses opioid overdose reversal medication under a standing order.

''(2) The total number of opioid overdose reversal medication doses dispensed by each such pharmacy, specifying how many were dispensed with or without a person-specific prescription.

''(3) The number of pharmacists in the State who have participated in training pursuant to subsection (a)(4).

''(g) DEFINITIONS.—In this section:

''(1) OPIOID OVERDOSE REVERSAL MEDICATION.—The term 'opioid overdose reversal medication' means any drug, including naloxone, that—

''(A) blocks opioids from attaching to, but does not itself activate, opioid receptors; or

''(B) inhibits the effects of opioids on opioid receptors.

''(2) STANDING ORDER.—The term 'standing order' means a document prepared by a person authorized to prescribe medication that permits another person to acquire, dispense, or administer medication without a person-specific prescription.

''(h) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—To carry out this section, there is authorized to be appropriated $5,000,000 for the period of fiscal years 2017 through 2019.

''(2) ADMINISTRATIVE COSTS.—Not more than 3 percent of the amounts made available to carry out this section may be used by the Secretary for administrative expenses of carrying out this section.''.

SEC. 1303. CUT-GO COMPLIANCE.

Subsection (f) of section 319D of the Public Health Service Act (42 U.S.C. 247d–4) is amended by inserting before the period at the end the following: ''(except such dollar amount shall be reduced by $5,000,000 for fiscal year 2017)''.

TITLE XIV—REDUCING UNUSED MEDICATIONS ACT

SEC. 1401. SHORT TITLE.

This title may be cited as the ''Reducing Unused Medications Act of 2016''.

SEC. 1402. PARTIAL FILLS OF SCHEDULE II CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Section 309 of the Controlled Substances Act (21 U.S.C. 829) is amended by adding at the end the following:

''(f) PARTIAL FILLS OF SCHEDULE II CONTROLLED SUBSTANCES.—

''(1) PARTIAL FILLS.—

''(A) IN GENERAL.—A prescription for a controlled substance in schedule II may be partially filled if—

''(i) it is not prohibited by State law;

''(ii) the prescription is written and filled in accordance with the Controlled Substances Act (21 U.S.C. 801 et seq.), regulations prescribed by the Attorney General, and State law;

''(iii) the partial fill is requested by the patient or the practitioner that wrote the prescription; and

''(iv) the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.

''(B) OTHER CIRCUMSTANCES.—A prescription for a controlled substance in schedule II may be partially filled in accordance with section 1306.13 of title 21, Code of Federal Regulations (as in effect on the date of enactment of the Reducing Unused Medications Act).

''(2) REMAINING PORTIONS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), remaining portions of a partially filled prescription for a controlled substance in schedule II—

''(i) may be filled; and

''(ii) shall be filled not later than 30 days after the date on which the prescription is written.

''(B) EMERGENCY SITUATIONS.—In emergency situations, as described in subsection (a), the remaining portions of a partially filled prescription for a controlled substance in schedule II—

''(i) may be filled; and

''(ii) shall be filled not later than 72 hours after the prescription is issued.''.

(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect the authority of the Attorney General to allow a prescription for a controlled substance in schedule III, IV, or V of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) to be partially filled.

TITLE XV—OPIOID REVIEW MODERNIZATION ACT

SEC. 1501. SHORT TITLE.

This title may be cited as the ''Opioid Review Modernization Act of 2016''.

SEC. 1502. FDA OPIOID ACTION PLAN.

Chapter V of the Federal Food, Drug, and Cosmetic Act is amended by inserting after section 569 of such Act (21 U.S.C. 350bbb–8) the following:

''SEC. 569–1. OPIOID ACTION PLAN.

''(a) NEW DRUG APPLICATION.—

''(1) IN GENERAL.—Subject to paragraph (2), prior to the approval pursuant to an application under section 505(b) of a new drug that is an opioid and does not have abuse-deterrent properties, the Secretary shall refer the application to an advisory committee of the Food and Drug Administration to seek recommendations from such advisory committee.

''(2) PUBLIC HEALTH EXEMPTION.—A referral to an advisory committee under paragraph (1) is not required with respect to a new drug if the Secretary—

''(A) finds that such a referral is not in the interest of protecting and promoting public health;

''(B) finds that such a referral is not necessary based on a review of the relevant scientific information; and

''(C) submits a notice containing the rationale for such findings to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

''(b) PEDIATRIC OPIOID LABELING.—The Secretary shall convene the Pediatric Advisory Committee of the Food and Drug Administration to seek recommendations from such Committee regarding a framework for the inclusion of information in the labeling of drugs that are opioids relating to the use of such drugs in pediatric populations before the Secretary approves any labeling or change to labeling for any drug that is an opioid intended for use in a pediatric population.

''(c) SUNSET.—The requirements of subsections (a) and (b) shall cease to be effective on October 1, 2022.''.

SEC. 1503. PRESCRIBER EDUCATION.

Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, as part of the Food and Drug Administration's evaluation of the Extended-Release/Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy, and in consultation with relevant stakeholders, shall develop recommendations regarding education programs for prescribers of opioids pursuant to section 505–1 of the Federal Food, Drug,

and Cosmetic Act (21 U.S.C. 355–1), including recommendations on—

(1) which prescribers should participate in such programs; and

(2) how often participation in such programs is necessary.

SEC. 1504. GUIDANCE ON EVALUATING THE ABUSE DETERRENCE OF GENERIC SOLID ORAL OPIOID DRUG PRODUCTS.

Not later than 2 years after the end of the period for public comment on the draft guidance entitled ''General Principals for Evaluating the Abuse Deterrence of Generic Solid Oral Opioid Drug Products'' issued by the Center for Drug Evaluation and Research of the Food and Drug Administration in March 2016, the Commissioner of Food and Drugs shall publish in the Federal Register a final version of such guidance.

TITLE XVI—EXAMINING OPIOID TREATMENT INFRASTRUCTURE ACT

SEC. 1601. SHORT TITLE.

This title may be cited as the ''Examining Opioid Treatment Infrastructure Act of 2016''.

SEC. 1602. STUDY ON TREATMENT INFRASTRUCTURE.

Not later than 24 months after the date of enactment of this Act, the Comptroller General of the United States shall initiate an evaluation, and submit to Congress a report, of the inpatient and outpatient treatment capacity, availability, and needs of the United States, which shall include, to the extent data are available—

(1) the capacity of acute residential or inpatient detoxification programs;

(2) the capacity of inpatient clinical stabilization programs, transitional residential support services, and residential rehabilitation programs;

(3) the capacity of demographic specific residential or inpatient treatment programs, such as those designed for pregnant women or adolescents;

(4) geographical differences of the availability of residential and outpatient treatment and recovery options for substance use disorders across the continuum of care;

(5) the availability of residential and outpatient treatment programs that offer treatment options based on reliable scientific evidence of efficacy for the treatment of substance use disorders, including the use of Food and Drug Administration-approved medicines and evidence-based nonpharmacological therapies;

(6) the number of patients in residential and specialty outpatient treatment services for substance use disorders;

(7) an assessment of the need for residential and outpatient treatment for substance use disorders across the continuum of care;

(8) the availability of residential and outpatient treatment programs to American Indians and Alaska Natives through an Indian health program (as defined by section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)); and

(9) the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.

TITLE XVII—OPIOID USE DISORDER TREATMENT EXPANSION AND MODERNIZATION ACT

SEC. 1701. SHORT TITLE.

This title may be cited as the ''Opioid Use Disorder Treatment Expansion and Modernization Act''.

SEC. 1702. FINDING.

The Congress finds that opioid use disorder has become a public health epidemic that must be addressed by increasing awareness and access to all treatment options for opioid use disorder, overdose reversal, and relapse prevention.

SEC. 1703. OPIOID USE DISORDER TREATMENT MODERNIZATION.

(a) IN GENERAL.—Section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)) is amended—

(1) in subparagraph (B), by striking clauses (i), (ii), and (iii) and inserting the following:

''(i) The practitioner is a qualifying practitioner (as defined in subparagraph (G)).

''(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the capacity to provide directly, by referral, or in such other manner as determined by the Secretary—

''(I) all schedule III, IV, and V drugs, as well as unscheduled medications approved by the Food and Drug Administration, for the treatment of opioid use disorder, including such drugs and medications for maintenance, detoxification, overdose reversal, and relapse prevention, as available; and

''(II) appropriate counseling and other appropriate ancillary services.

''(iii)(I) The total number of such patients of the practitioner at any one time will not exceed the applicable number. Except as provided in subclause (II), the applicable number is 30.

''(II) The applicable number is 100 if, not sooner than 1 year after the date on which the practitioner submitted the initial notification, the practitioner submits a second notification to the Secretary of the need and intent of the practitioner to treat up to 100 patients.

''(III) The Secretary may by regulation change such total number.

''(IV) The Secretary may exclude from the applicable number patients to whom such drugs or combinations of drugs are directly administered by the qualifying practitioner in the office setting.

''(iv) If the Secretary by regulation increases the total number of patients which a qualifying practitioner is permitted to treat pursuant to clause (iii)(II), the Secretary shall require such a practitioner to obtain a written agreement from each patient, including the patient's signature, that the patient—

''(I) will receive an initial assessment and treatment plan and periodic assessments and treatment plans thereafter;

''(II) will be subject to medication adherence and substance use monitoring;

''(III) understands available treatment options, including all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including their potential risks and benefits; and

''(IV) understands that receiving regular counseling services is critical to recovery.

''(v) The practitioner will comply with the reporting requirements of subparagraph (D)(i)(IV).'';

(2) in subparagraph (D)—

(A) in clause (i), by adding at the end the following:

''(IV) The practitioner reports to the Secretary, at such times and in such manner as specified by the Secretary, such information and assurances as the Secretary determines necessary to assess whether the practitioner continues to meet the requirements for a waiver under this paragraph.'';

(B) in clause (ii), by striking ''Upon receiving a notification under subparagraph (B)'' and inserting ''Upon receiving a determination from the Secretary under clause (iii) finding that a practitioner meets all requirements for a waiver under subparagraph (B)''; and

(C) in clause (iii)—

(i) by inserting ''and shall forward such determination to the Attorney General'' before the period at the end of the first sentence; and

(ii) by striking ''physician'' and inserting ''practitioner'';

(3) in subparagraph (G)—

(A) by amending clause (ii)(IV) to read as follows:

''(IV) The physician has, with respect to the treatment and management of opiate-dependent patients, completed not less than 8 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is 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. Such training shall address—

''(aa) opioid maintenance and detoxification;

''(bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;

''(cc) initial and periodic patient assessments (including substance use monitoring);

''(dd) individualized treatment planning; overdose reversal; relapse prevention;

''(ee) counseling and recovery support services;

''(ff) staffing roles and considerations;

''(gg) diversion control; and

''(hh) other best practices, as identified by the Secretary.''; and

(B) by adding at the end the following:

''(iii) The term 'qualifying practitioner' means—

''(I) a qualifying physician, as defined in clause (ii); or

''(II) during the period beginning on the date of the enactment of the Opioid Use Disorder Treatment Expansion and Modernization Act and ending on the date that is 3 years after such date of enactment, a qualifying other practitioner, as defined in clause (iv).

''(iv) The term 'qualifying other practitioner' means a nurse practitioner or physician assistant who satisfies each of the following:

''(I) The nurse practitioner or physician assistant is licensed under State law to prescribe schedule III, IV, or V medications for the treatment of pain.

''(II) The nurse practitioner or physician assistant satisfies one or more of the following:

''(aa) Has completed not fewer than 24 hours of initial training addressing each of the topics listed in clause (ii)(IV) (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Nurses Credentialing Center, the American Psychiatric Association, the American Association of Nurse Practitioners, the American Academy of Physician Assistants, 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.

''(III) The nurse practitioner or physician assistant is supervised by or works in collaboration with a qualifying physician, if the nurse practitioner or physician assistant is required by State law to prescribe medications for the treatment of opioid use disorder in collaboration with or under the supervision of a physician

The Secretary may review and update the requirements for being a qualifying other practitioner under this clause.''; and

(4) in subparagraph (H)—

(A) in clause (i), by inserting after subclause (II) the following:

''(III) Such other elements of the requirements under this paragraph as the Secretary determines necessary for purposes of implementing such requirements.''; and

(B) by amending clause (ii) to read as follows:

''(ii) Not later than 1 year after the date of enactment of the Opioid Use Disorder Treatment Expansion and Modernization Act, the Secretary shall update the treatment improvement

protocol containing best practice guidelines for the treatment of opioid-dependent patients in office-based settings. The Secretary shall update such protocol in consultation with experts in opioid use disorder research and treatment.''.

(b) RECOMMENDATION OF REVOCATION OR SUSPENSION OF REGISTRATION IN CASE OF SUBSTANTIAL NONCOMPLIANCE.—The Secretary of Health and Human Services may recommend to the Attorney General that the registration of a practitioner be revoked or suspended if the Secretary determines, according to such criteria as the Secretary establishes by regulation, that a practitioner who is registered under section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)) is not in substantial compliance with the requirements of such section, as amended by this Act.

(c) OPIOID DEFINED.—Section 102(18) of the Controlled Substances Act (21 U.S.C. 802(18)) is amended by inserting ''or 'opioid' '' after ''The term 'opiate' ''.

(d) REPORTS TO CONGRESS.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act and not less than over every 5 years thereafter, the Secretary of Health and Human Services, in consultation with the Drug Enforcement Administration and experts in opioid use disorder research and treatment, shall—

(A) perform a thorough review of the provision of opioid use disorder treatment services in the United States, including services provided in opioid treatment programs and other specialty and nonspecialty settings; and

(B) submit a report to the Congress on the findings and conclusions of such review.

(2) CONTENTS.—Each report under paragraph (1) shall include an assessment of—

(A) compliance with the requirements of section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)), as amended by this Act;

(B) the measures taken by the Secretary of Health and Human Services to ensure such compliance;

(C) whether there is further need to increase or decrease the number of patients a waivered practitioner is permitted to treat, as provided for by the amendment made by subsection (a)(1);

(D) the extent to which, and proportions with which, the full range of Food and Drug Administration-approved treatments for opioid use disorder are used in routine health care settings and specialty substance use disorder treatment settings;

(E) access to, and use of, counseling and recovery support services, including the percentage of patients receiving such services;

(F) changes in State or local policies and legislation relating to opioid use disorder treatment;

(G) the use of prescription drug monitoring programs by practitioners who are permitted to dispense narcotic drugs to individuals pursuant to a waiver under section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2));

(H) the findings resulting from inspections by the Drug Enforcement Administration of practitioners described in subparagraph (G); and

(I) the effectiveness of cross-agency collaboration between Department of Health and Human Services and the Drug Enforcement Administration for expanding effective opioid use disorder treatment.

SEC. 1704. SENSE OF CONGRESS.

It is the Sense of Congress that, with respect to the total number of patients that a qualifying physician (as defined in subparagraph (G)(iii) of section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)) can treat at any one time pursuant to such section, the Secretary of Health and Human Services should consider raising such total number to 250 patients following a third notification to the Secretary of the need and intent of the physician to treat up to 250 patients that is submitted to the Secretary not sooner than 1 year after the date on which the physician submitted to the Secretary a second notification to treat up to 100 patients.

SEC. 1705. PARTIAL FILLS OF SCHEDULE II CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Section 309 of the Controlled Substances Act (21 U.S.C. 829) is amended by adding at the end the following:

''(f) PARTIAL FILLS OF SCHEDULE II CONTROLLED SUBSTANCES.—

''(1) PARTIAL FILLS.—

''(A) IN GENERAL.—A prescription for a controlled substance in schedule II may be partially filled if—

''(i) it is not prohibited by State law;

''(ii) the prescription is written and filled in accordance with the Controlled Substances Act (21 U.S.C. 801 et seq.), regulations prescribed by the Attorney General, and State law;

''(iii) the partial fill is requested by the patient or the practitioner that wrote the prescription; and

''(iv) the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.

''(B) OTHER CIRCUMSTANCES.—A prescription for a controlled substance in schedule II may be partially filled in accordance with section 1306.13 of title 21, Code of Federal Regulations (as in effect on the date of enactment of the Reducing Unused Medications Act of 2016).

''(2) REMAINING PORTIONS.—

''(A) IN GENERAL.—Except as provided in subparagraph (B), remaining portions of a partially filled prescription for a controlled substance in schedule II—

''(i) may be filled; and

''(ii) shall be filled not later than 30 days after the date on which the prescription is written.

''(B) EMERGENCY SITUATIONS.—In emergency situations, as described in subsection (a), the remaining portions of a partially filled prescription for a controlled substance in schedule II—

''(i) may be filled; and

''(ii) shall be filled not later than 72 hours after the prescription is issued.''.

(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect the authority of the Attorney General to allow a prescription for a controlled substance in schedule III, IV, or V of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) to be partially filled.

TITLE XVIII—NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING REAUTHORIZATION ACT

SEC. 1801. SHORT TITLE.

This title may be cited as the ''National All Schedules Prescription Electronic Reporting Reauthorization Act of 2015''.

SEC. 1802. AMENDMENT TO PURPOSE.

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''.

SEC. 1803. AMENDMENTS TO CONTROLLED SUBSTANCE MONITORING PROGRAM.

Section 399O of the Public Health Service Act (42 U.S.C. 280g–3) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) in subparagraph (A), by striking ''or'';

(ii) in subparagraph (B), by striking the period at the end and inserting ''; or''; and

(iii) by adding at the end the following:

''(C) to maintain and operate an existing State-controlled substance monitoring program.''; and

(B) in paragraph (3), by inserting ''by the Secretary'' after ''Grants awarded'';

(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 redesignated, by inserting before the semicolon at the end ''and at least one health information technology system such as an electronic health records system, a health information exchange, or an e-prescribing system''; and

(vi) in clause (v), as 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 striking the period at the end and inserting ''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 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 to the Secretary on—

''(A) as appropriate, interoperability with the controlled substance monitoring programs of Federal departments and agencies;

''(B) as appropriate, interoperability with health information technology systems such as

electronic health records systems, health information exchanges, and e-prescribing systems; and

''(C) 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)—

(i) in subparagraph (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 Substance Act''; and

(ii) in subparagraph (D), by inserting ''a State substance abuse agency,'' after ''a State health department,''; 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 (l)(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 redesignating subsections (h) through (n) as subsections (j) through (p), respectively;

(8) in subsections (c)(1)(A)(iv) and (d)(4), by striking ''subsection (h)'' each place it appears and inserting ''subsection (j)'';

(9) 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;

''(2) educate prescribers and dispensers on the benefits of the system both to them and society; and

''(3) facilitate linkage to the State substance abuse agency and substance abuse disorder services.

''(i) CONSULTATION WITH ATTORNEY GENERAL.—In carrying out this section, the Secretary shall consult with the Attorney General of the United States and other relevant Federal officials to—

''(1) ensure maximum coordination of controlled substance monitoring programs and related activities; and

''(2) minimize duplicative efforts and funding.'';

(10) in subsection (l)(2)(A), as redesignated by paragraph (7)—

(A) in clause (ii), by inserting ''; established or strengthened initiatives to ensure linkages to substance use disorder services;'' before ''or affected patient access''; and

(B) in clause (iii), by inserting ''and between controlled substance monitoring programs and health information technology systems'' before '', including an assessment'';

(11) by striking subsection (m) (relating to preference), as redesignated by paragraph (7);

(12) by redesignating subsections (n) through (p), as redesignated by paragraph (7), as subsections (m) through (o), respectively;

(13) in subsection (m)(1), as redesignated by paragraph (12), by striking ''establishment, implementation, or improvement'' and inserting ''establishment, improvement, or maintenance'';

(14) in subsection (n), as redesignated by paragraph (12)—

(A) in paragraph (5)—

(i) by striking ''means the ability'' and inserting the following: ''means—

''(A) the ability'';

(ii) by striking the period at the end and inserting ''; or''; and

(iii) by adding at the end the following:

''(B) sharing of State controlled substance monitoring program information with a health information technology system such as an electronic health records system, a health information exchange, or an e-prescribing system.'';

(B) in paragraph (7), by striking ''pharmacy'' and inserting ''pharmacist''; and

(C) in paragraph (8), by striking ''and the District of Columbia'' and inserting '', the District of Columbia, and any commonwealth or territory of the United States''; and

(15) by amending subsection (o), as redesignated by paragraph (12), to read as follows:

''(o) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $10,000,000 for each of fiscal years from 2016 through 2020.''.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on the Judiciary.

The gentlewoman from Indiana (Mrs. BROOKS), the gentleman from New Jersey (Mr. PALLONE), the gentleman from Virginia (Mr. GOODLATTE), and the gentleman from Michigan (Mr. CONYERS) each will control 15 minutes.

The Chair recognizes the gentlewoman from Indiana.

□ 1045

GENERAL LEAVE

Mrs. BROOKS of Indiana. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on S. 524.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

Mrs. BROOKS of Indiana. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this week in Congress, we passed 18 bills to address the heroin and opioid crisis that is impacting every community in this country.

I am thankful that my bill, H.R. 4641, which I worked on with Representative KENNEDY of Massachusetts, ensures that healthcare professionals have access to up-to-date guidelines and best practices for treating patients with acute and chronic pain.

Many of these proposals we considered this week enjoyed nearly unanimous support, and I can't express to you how refreshing it was to work with all of my colleagues on meaningful solutions to this public health crisis.

As we learned from the multitude of Members this week that shared their stories on the House floor, we are facing a public health crisis that crosses every socioeconomic, every geographic, generational, and ethnic boundary. It is a rural, urban, and suburban problem. It reaches into our schools, our places of work, and our hospitals. It is tearing apart and devastating families and people's lives.

However, in the midst of this crisis, as with many past crises faced by our Nation, we, as Members of Congress, have set aside our political differences and have crafted a package of thoughtful reforms that will support our communities ravaged by this scourge.

I am proud of the work done by the Energy and Commerce Committee and the strong, bipartisan leadership by Chairmen UPTON and PITTS and Ranking Members PALLONE and GREEN. We cannot overlook the hard work and countless hours spent by both the majority and the minority committee staff on this effort, and I want to thank them for their hard work.

Members of the Energy and Commerce Committee have pursued answers to this epidemic through roundtables and meetings with individuals and families on the front lines of this crisis—health workers, first responders, and community leaders seeking to guide their communities through this crisis.

We, as Members, have visited neonatal intensive care units in hospitals to see firsthand the devastating effects of infants born addicted to opioids and who must already fight for survival through their withdrawal in their very first days of life.

We have met with juvenile court judges and social workers whose caseloads have doubled over the past few years as more and more children are being removed from their parents' care because their parents are more concerned about where to find their next high than the welfare of their child and it is no longer safe for them to remain in their homes.

It is important to note that it is National Police Week this week. And it is our first responders, whom so many of us have talked to, those we have heard from in Indiana, who keep naloxone in their police cruisers because they are seeing this unprecedented increase in drug overdoses, and they are saving lives each and every day.

In a minute, my colleague from the Judiciary Committee will highlight all of the great work that their committee has also done to fight this scourge, but I would like to take a moment to highlight the bills rolled into this legislation that my colleagues from the Energy and Commerce Committee have painstakingly crafted.

The Opioid Review Modernization Act, led by Representatives CAROLYN B. MALONEY of New York and LANCE, would require the FDA to work closely with expert advisory committees before making critical opioid approval and labeling decisions, develop recommendations regarding prescriber education programs that address extended-release and long-acting opioids, and encourage the development and approval of generic opioids with abuse-deterrent properties.

Representative SARBANES led the Co-Prescribing to Reduce Overdoses Act, which would establish a grant program for co-prescribing of opioid reversal drugs for patients who are at a high risk of overdose.

Representative EVAN JENKINS and Representative BUSTOS crafted the Nurturing and Supporting Healthy Babies Act, which will expand our knowledge of care and treatment for babies with neonatal abstinence syndrome and fixes an unintended consequence with the Medicaid drug rebate program that discourages drug manufacturers from producing opioids that are harder to abuse.

Representative BEN RAY LUJÁN of New Mexico led efforts to establish a pilot program that will provide grants to State substance abuse agencies to promote innovative service delivery models for pregnant women who have a substance use disorder, such as opioid addiction.

Representative KINZINGER's Veteran Emergency Medical Technician Support Act will improve the quality of care within our communities by providing grants to States with emergency medical technician shortages so as to help streamline State requirements for our veterans to enter the EMT workforce without there being an unnecessary duplication of their training.

Representatives MEEHAN, KIND, and VEASEY led the legislation directing the CDC to study what information and resources are available to youth athletes and their families regarding the dangers of opioid use.

Lali's Law, authored by Representative DOLD and Representative KATHERINE CLARK of Massachusetts, would create a competitive grant program to help States increase access to the overdose reversal medications that save lives.

The Reducing Unused Medications Act, led again by Representatives CLARK of Massachusetts and STIVERS, clarifies when Schedule II controlled substances, including opioid pain medications, can be partially filled.

Representatives FOSTER and PALLONE spearheaded the Examining Opioid Treatment Infrastructure Act, which requires the GAO to collect the data necessary to assess the opioid infrastructure in our country, looking at the numbers of hospital beds and treatment facilities.

Finally, my Hoosier colleague, Representative BUCSHON, along with Representative TONKO, championed a bill that will expand existing opioid treatment capacity substantially by providers, all while ensuring that the care that individuals receive is high-quality and minimizes the risk of diversion.

Each approach that I have just set out has been a reflection of much effort put into crafting this bipartisan, thoughtful, and comprehensive package to give each of our communities, families, and individuals with addictions the support they need.

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

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, I thank the gentleman for yielding to me.

Mr. Speaker, my heart goes out to the thousands of American families affected by the opioid epidemic. I am pleased the House is working in a bipartisan manner to address this crisis. However, we could be doing more.

The prescription opioid death rate has more than quadrupled since the late 1990s. In 2014, prescription opioids played a role in more than 28,000 overdose deaths.

We must equip our communities with the resources needed to reverse these trends. Yes, authorizing new grant programs, reports, and studies is an important step, but without new funding, communities won't be able to fully implement these initiatives.

On Wednesday, the majority blocked a Democratic substitute opioids package which would have provided $600 million—paid for, I might add—to fund the initiatives we have considered this week. I understand the need to get our fiscal house in order, but I don't understand the impulse to do so on the backs of millions of Americans grappling with opioid abuse.

These bills are great, and I wholeheartedly support them, but we need to put our money where our mouth is. This epidemic does not discriminate. It has touched every corner of our Nation, from my hometown of New York City to the shores of the Pacific.

So many Americans have already felt its impact. We need to do everything we can to keep it from impacting more of our families, our friends, and our constituents.

We are on the right path, but, again, without money, this becomes irrelevant. We need to make sure that we have adequate funding so what we all want to do on both sides of the aisle can become a reality.

Mrs. BROOKS of Indiana. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. BENISHEK).

Mr. BENISHEK. Mr. Speaker, it is past time to give our healthcare providers the tools they need to confront the growing epidemic of opioid abuse in our country. This is an emergency.

As a doctor who has treated patients in northern Michigan for over 30 years, both in private practice and in the VA system, I know how urgent the need for immediate action is.

The amendment to the Comprehensive Addiction and Recovery Act that we are considering today will be a giant step forward in how we provide treatment and care for those suffering from opioid addiction.

The bill will also improve the quality of care available to our Nation's veterans. The rate of abuse for legal prescription drugs is significantly higher among our veteran population than it is in the general population, and this problem is only continuing to grow.

We have an opportunity today to take a first step in fixing a major national problem and pass meaningful legislation that will help save the lives of thousands and thousands of Americans.

Mr. Speaker, I urge my colleagues to support this legislation and continue working together on bipartisan solutions for our Nation's growing epidemic of substance abuse.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Mr. Speaker, this week, we have seen a number of well-intentioned bills come to the floor with good ideas on how we can address the Nation's opioid epidemic that is sweeping our entire country.

I was proud to lead one of those efforts with my good friend Representative BUCSHON with a bill that endeavors to lift the cap on the number of patients a provider may treat with buprenorphine to 250, while expanding prescribing privileges to nurse practitioners and physician assistants.

This is a good bill, and it would make a real, immediate difference for individuals facing months-long waiting lists for effective treatment, like the gentleman that I met last week when touring an addiction clinic in my district. He had struggled with addiction for decades and, after making the decision to try to get clean, was faced with a closed door and a 7-month waiting list due to outdated Federal rules that our bill would have fixed.

Unfortunately, when this bill came to the floor, we were told the cap language had to be temporarily replaced with placeholder sense-of-Congress language until we go to conference because our bill was going to cost too much.

Now, when we talk about the cost of this bill, what we are really talking about is the fact that more people will have access to effective treatment and more lives—more lives—will be saved. It is an unfortunate truth that, in the distorted budgetary terms of Washington, dead people cost less than the living.

So we can talk all we want and we can pass all the bills we want, but unless we put our money where our mouth is, we will simply be peddling false hope. We will be condemning more of our brothers and sisters to the death spiral of addiction when we could have done something to help.

A sense of Congress won't end months-long waiting lists for effective treatment. A sense of Congress won't get lifesaving overdose reversal drugs out to our first responders. If this Congress has any sense, as we move into conference committee, we will support this epidemic with the robust resources this country deserves for a real and meaningful response.

Mrs. BROOKS of Indiana. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, the opioid and heroin crisis has hit home for everyone, impacting our coworkers, our

neighbors, and our friends in every corner of this country.

In Sacramento, my district, the deadly consequences of fentanyl are devastating our families. The faces behind this tragedy are people like 28-year-old Jerome Butler, a young father whose life was cut short because of a tainted pill.

The human toll of this crisis demands our leadership. This week, we took a step forward by passing a number of bipartisan bills to address the opioid epidemic, many of which we worked on in the Energy and Commerce Committee.

□ 1100

But we can and must do more. We need new funding to confront this tragedy.

My Democratic colleagues and I are ready to fund the President's $1.1 billion request for this crisis. We need a real investment to meet the challenges our committees are facing every day.

As we advance substance abuse legislation and continue our important work on comprehensive behavioral health reform, I urge my colleagues to focus on solutions that both adequately address the immediate crisis and long-term community prevention strategies.

The families reeling from the tragedies of this epidemic deserve nothing less than our swift action and full support.

Mrs. BROOKS of Indiana. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise this morning to speak in favor of the House amendment to S. 524.

Over the last 2 days of floor debate, we have heard heartfelt speeches from Members of Congress about how the opioid epidemic is affecting their constituents and, for some, their own families. We have heard from both Democrats and Republicans, Members from urban districts, suburban districts, and rural districts, as well as Members from every region of the United States.

What is clear is that no community has been immune to this crisis, including communities in my home State of New Jersey. About 256,000 New Jersey residents are addicted to heroin and prescription opioids. That is nearly the same as the entire population of Newark, the largest city in New Jersey.

This is a serious crisis that demands an urgent response. A comprehensive solution to the crisis will require real dollars and must take an approach that targets the full spectrum of addiction: prevention, crisis response, expanding access to treatment, and providing support for lifelong recovery.

The approach must be guided by science and cannot be deterred because of stigma or misperceptions about proven treatment and intervention strategies.

I am pleased to support the package of opioid legislation that we are considering today because it takes steps towards that approach.

This bill incorporates proven public health approaches to fight against the heroin and prescription drug abuse crisis. It improves the tools available to prescribers to prevent opioid abuse and the development of opioid use disorder. It expands access to lifesaving naloxone, an opioid overdose-reversal drug, to respond to those in an acute opioid crisis. It expands access to evidence-based treatments to help individuals with opioid use disorders enter recovery.

However, Mr. Speaker, I want to make clear we must go further to ensure that the scale of our response is proportionate to the burden of the crisis. We not only need to support individuals' entry into recovery, we need to ensure that we provide access to the support and services that lead to lifelong recovery. We must also further expand access to bupe, or buprenorphine, an office-based, medication-assisted treatment for opioid use disorders.

Currently, we do not have adequate treatment capacity to respond to the unprecedented demand for opioid use disorder treatment. That is why we need to expand upon the Opioid Use Disorder Treatment Expansion and Modernization Act to significantly increase the number of patients a physician can treat with this medication as well as permanently allowing nurse practitioners and physician assistants to treat patients with this medication.

In the committee, Democrats voted to raise the cap to 500 patients for qualifying physicians with appropriate credentials. Additionally, committee Democrats and Republicans voted unanimously to permanently allow nurse practitioners and physician assistants to treat patients with bupe.

I am committed to continuing to work with my colleagues as part of our conference with the Senate to ensure that we lift the arbitrary and harmful physician treatment cap and to ensure that nurse practitioners and physician assistants in every community can permanently use their skills and experience to serve those in need of opioid use disorder treatments in their community.

Finally, Mr. Speaker, I want to be clear that we should not be under the illusion that we can adequately respond to this crisis without providing urgently needed resources. Waiting on the appropriation process isn't suitable. Our States and communities urgently need money now.

Additionally, we should not be forced to cut other discretionarily funded public health programs to provide resources for substance abuse programs. The discretionary funding caps have already left many of our vital public health programs underfunded.

Forcing additional cuts to those programs in order to provide funding to respond to the opioid epidemic will limit our ability to adequately respond to the opioid crisis as well as to meet the remaining public health needs of our communities.

We don't have to guess how it turns out if we fail to provide the urgent, robust funding that is desperately needed. Sadly, the evidence is already staring us in the face. There will be more lives lost to the epidemic and will be thousands more Americans who will continue to be left behind to battle without the treatment and recovery support services they need.

We are losing now, we estimate, 78 Americans each day, and we can't afford anything less than a comprehensive well-funded Federal response.

I urge my colleagues to vote ''yes'' to this legislation because I believe it takes important steps in turning the tide on this crisis that is taking the lives of 78 Americans every day.

But I also urge my colleagues to support providing the financial resources and additional tools necessary to meet the burden of this crisis.

I urge support for this package and once again stress that we are not providing enough funding. As much as I believe that this package is very important, I certainly would agree with my colleague on the Republican side how important it is.

We are not providing enough resources. I hope that, when we go to conference and before this package goes to the President, we can provide the additional resources.

I urge everyone to support the bill.

I yield back the balance of my time.

Mrs. BROOKS of Indiana. Mr. Speaker, I yield myself such time as I may consume.

In closing, I would like to emphasize that, as my colleague, the ranking member from New Jersey, indicated, we have made real strides this week in turning back the epidemic, but we agree it is not enough and it is not over. This fight is not going to be over. There is still more to be done.

But I do hope that this week's productivity will lead to more weeks where we can continue to engage in a healthy and robust debate about the issues that matter. This week has proven we are stronger as a body when we focus on the things that unite us and bring us together.

Sadly, it shouldn't take an epidemic or a national crisis to bring us together. This week has taught us that, with enough will and dedication, we can get to yes.

The conference committee, which this bill will initiate, will need similar fortitude to swiftly come to a resolution on the differences we have with the Senate. That accomplishment is within our grasp.

We have come too far to turn back now rather than let this issue languish. That is why I urge my colleagues to vote in favor of this bill, support the motion to go to conference.

Beyond the 78 Americans who are dying every day, we have 1.9 million Americans addicted to or abusing prescription opioid-based painkillers across the country. Because of their lives and their families' lives, we must pass this bill.

I yield back the balance of my time.

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

It has been quite a week. This week the House has passed 18 bills designed to address various facets of America's opioid epidemic. Most recently, yesterday, the House passed by an overwhelming 413–5 vote the Judiciary Committee's flagship bill.

H.R. 5046, which was authored by Crime Subcommittee Chairman JIM SENSENBRENNER, creates a comprehensive Justice Department grant program to provide States with the resources needed to fight opioid addiction. It authorizes $103 million a year for 5 years for the grant program. It allocates precious resources responsibly by leveraging and streamlining existing programs and fully offsetting the legislation in compliance with the House's CutGo protocol.

In addition to that bill, the House passed four other Judiciary Committee bills this week to address drug abuse and protect American people.

H.R. 5052, the OPEN Act, increases the transparency and accountability of the comprehensive opioid abuse grant program in H.R. 5046 by requiring grantees to report on the use of grant funds and requiring a publicly available analysis of whether the grants have achieved their intended purposes.

H.R. 4985, the Kingpin Designation Improvement Act, protects classified information from disclosure when a drug kingpin challenges his designation as such in a Federal court.

H.R. 5048, the Good Samaritan Assessment Act, requires the GAO to study State and local Good Samaritan laws that protect caregivers, law enforcement personnel, and first responders who administer opioid overdose reversal drugs or devices from criminal or civil liability as well as those who contact emergency service providers in response to an overdose.

Finally, S. 32, the Transnational Drug Trafficking Act, improves law enforcement's ability to pursue international drug manufacturers, brokers, and distributors in source nations. I am pleased that the House took up the Senate version of this bill.

As a result, that legislation is on its way to the President's desk to be signed into law so that Federal prosecutors can begin using that tool to pursue foreign drug traffickers.

Along with the excellent legislation prepared by our sister committees, spearheaded by Chairman UPTON, Chairman MILLER, and Chairman KLINE, four of the Judiciary Committee bills will be included in the House amendment to S. 524, the Senate's Comprehensive Addiction and Recovery Act.

As a package, these bills make substantial policy changes at the Federal agencies responsible for fighting addiction. They take real steps to address the opioid epidemic and provide real relief to a real problem affecting real Americans. Members of this body should be proud of these accomplishments.

In addition to the committee chairmen I mentioned, I also want to thank Chairman HAROLD ROGERS, who spoke in support of H.R. 5046 yesterday and is a strong ally in the fight against elicit opioid abuse. I have no doubt that he will make every effort during this Congress to provide the critical funding authorized by the bills that have passed the House this week.

Mr. Speaker, I look forward to sending this legislation back to the Senate and moving to conference expeditiously. Congressional action to combat the opioid epidemic is sorely needed, and there is bipartisan, bicameral support for these efforts.

I thank my colleagues for their support and hard work. I urge everyone to support the House amendment to S. 524.

I thank my colleague, the ranking member of the committee, Mr. CONYERS, for his hard work on this as well. This truly is a bipartisan effort.

I commend all to support this motion to go to conference.

I reserve the balance of my time.

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

Members of the House, I rise in support of the House amendment to S. 524, the Comprehensive Addiction and Recovery Act.

Before starting out on the merits of the legislation, I want to commend the Judiciary Committee chairman, Mr. GOODLATTE, for shepherding our committee's five bills to House passage.

I also commend the subcommittee chairman, Mr. SENSENBRENNER of Wisconsin, for authoring the legislation that is largely responsible for bringing us together today.

I also want to recognize the leadership of the Crime Subcommittee ranking member, SHEILA JACKSON LEE of Texas, who was an original cosponsor of the primary Judiciary Committee bill and who has helped us find common ground in addressing the issue of drug addiction and treatment.

This week the House considered and passed a wide range of bills aimed at combating the devastating impact of drug abuse and addiction that is afflicting communities all across our Nation.

We must take this action because our Nation is in the midst of a major public health crisis caused by an epidemic of prescription and opioid abuse. It is a crisis that affects Americans of all ages, of all races, and of all income levels. It has devastated communities across the United States. It affects families, the workplace, and also our Nation's economy.

□ 1115

Drug overdoses are now the leading cause of injury-related deaths in our Nation. In my State of Michigan, for example, there were 1,745 drug overdose deaths in 2014, and more than half of those overdose deaths were attributed to opioids and heroin. In fact, 78 Americans die from an opioid overdose every single day. Without question, this is a crisis that cries out for immediate relief.

Fortunately, there may be effective solutions. For example, several States have undertaken various innovative measures to better respond to the rapid increase of individuals who are addicted to prescription opioids and heroin and to prevent individuals from dying as a result of drug overdose.

As I mentioned only yesterday during debate with respect to our consideration of H.R. 5046, which has been incorporated into the House amendment to S. 524, this measure would fund new, innovative ways to address the nationwide epidemic of opioid drug abuse addiction. These innovations include, for instance, the Law Enforcement Assisted Diversion approach, which has been utilized with great success in two cities of which I know—in Seattle and in Santa Fe. Programs such as this diversion approach underscore the fact that we cannot arrest our way out of opioid abuse addiction. Treating addicts as criminals only makes matters worse for them and also for the rest of us.

The diversion approach, which reduces, by the way, recidivism by 60 percent, is just one example of innovation at the State and local levels that we must encourage through increased funding assistance, and it is more evidence that treatment alternatives to incarceration work.

The funding authorized under this measure would establish a competitive grant program to provide funds to State and local governments to continue and improve their efforts to protect Americans from the dangers of opioid abuse and heroin use; and it will help ensure that addicts have access to the services that are provided.

These funds would support such initiatives as providing treatment alternatives to incarceration; fostering better collaboration between State criminal justice agencies and state substance abuse systems; providing first responders with the ability to purchase naloxone and to receive training on how to administer this lifesaving drug; establishing medication-assisted treatment programs by criminal justice agencies; in addition, investigating more of the illegal distribution methods of opioids; creating Prescription Drug Monitoring Programs; addressing juvenile opioid abuse, which is, unfortunately, increasing; and establishing comprehensive opioid abuse response programs.

The House amendment to S. 524 also includes a number of important provisions that have been added pursuant to a series of amendments that were passed by the House only yesterday.

In sum, these additional provisions expand the range of allowed purpose areas under the new program to more fully address the range of problems and

solutions that are presented by opioid abuse. Whether we provide separate, new grant programs for each of these approaches or whether we consolidate them into one grant program, it is critical that we change our ways of addressing addiction. The scourge of drug abuse and its overwhelming impact on our communities requires us to address this problem not only immediately, but effectively.

I thank all of the committees and individuals who have participated in this effort. Accordingly, I support House amendment S. 524.

I reserve the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I do not have any speakers remaining, and I am prepared to close.

I reserve the balance of my time.

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

I support the House amendment to S. 524 because it will help address our Nation's crisis of opioid abuse and heroin use. My support for this legislation is based, in part, on the fact that it includes H.R. 5046, which is legislation that I have worked on with my colleagues on both sides of the aisle, that would provide critical grants to States and local governments, intended to prevent and treat opioid abuse addiction. Most importantly, I support this legislation because it would help save lives.

The House amendment to S. 524 provides a comprehensive approach to the opioid substance abuse public health emergency that is currently ravaging our Nation. Accordingly, I urge my colleagues to support this measure.

Mr. Speaker, I yield the balance of my time to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Let me thank Mr. GOODLATTE, Mr. CONYERS, the Judiciary Committee, and Mr. SENSENBRENNER, who mentioned yesterday that he had been working on this for 2 years. We have joined him as the original cosponsors in supporting this on the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, of which I am the ranking member, along with Mr. SENSENBRENNER, and this is a moment that all of us are appreciative of.

Mr. Speaker, as I thought about this week, during which we are honoring police and we are also acknowledging those who have fallen in the line of duty, this bill, the Comprehensive Addiction and Recovery Act, becomes even more important. This week, the House adopted a number of bills that, together, are intended to provide a response to the opioid crisis that is commensurate with the scope of the problem.

Yesterday the House passed, by an overwhelming vote, the primary contribution of the Judiciary Committee's to this effort, H.R. 5046, the Comprehensive Opioid Reduction Act. I am an original cosponsor of that bill, and I was a cosponsor of the predecessor bill, both of which were introduced by my colleague, JIM SENSENBRENNER, the chairman of the subcommittee.

I commend him for the years of work and persistence on this issue. I also commend Chairman GOODLATTE and Ranking Member CONYERS for their leadership, for it would not have been shepherded through the committee if we had not all worked together to find common ground on this very important issue.

That has been the trend of the Judiciary Committee's as we work on criminal justice reform, which includes sentencing reduction and prison reform—provocative, innovative bills that are going to change the lives of many of those who are incarcerated for many, many years. We are going to turn mass incarceration upside down and on its ears and cause it to be extinct. This new approach to opioids is part of that.

This bill has no mandatory minimums. As we take the steps today which will allow us to engage in discussions with the Senate so that we may soon send a bill to the President for his signature, I am pleased of the progress that has been made. I can only hope that our work on sentencing reduction, prison reform, and juvenile justice will have the same kind of impetus and will wind up on the President's desk. That is the vision, I believe, of many Republicans and Democrats in and out of this House. As well, it is the vision of the President's; but, more importantly, it is the vision of suffering families' who do not have their loved ones with them.

The reason we must work together is that the leading killer of Americans today, which is drug overdose, started first by prescription use in many instances. Between 2000 and 2014, almost half a million people died from drug overdoses. That is a startling number. In 2014 alone, more than 47,000 people died of drug overdoses. The largest percentage of overdose deaths in 2014 was attributed to opioids, like prescription painkillers, methadone, morphine, and heroin. Specifically, 28,647 people overdosed and died because of an opioid in 2014.

This is an emergency, and it is a combination of prescription painkillers and heroin. Prescription painkillers abuse is the strongest risk for the future use of heroin. That is our athletes or those who have had surgery—just everyday Americans who find themselves caught in the trap of addiction. Approximately three out of four new heroin users report that their use began with the abuse of prescription drugs. Heroin use becomes appealing to those who are addicted to prescription drugs because it is cheaper and easier to obtain, and due to its potency, heroin use tends to lead to addiction. We know that from the 1980s and 1990s with crack cocaine in that crack was a more potent extraction of cocaine, and we saw many of those individuals not get treatment. They actually only got incarceration. Heroin addiction is often deadly just as crack cocaine was in leading to overdose or to other chronic diseases.

The rate at which the occurrence of heroin overdose deaths has increased is cause for alarm. In the 4 years between 2010 and 2014, heroin overdoses more than tripled. In 2013, 11 million people admitted to the improper use of prescription painkillers and, therefore, were at a heightened risk of becoming addicted.

That is why we have worked together this week on legislation to put together something like an omnibus in order to reduce the risks of addiction and to fund appropriate treatment responses for those who abuse these drugs. The bill that was passed yesterday reflects the strategy by proposing to establish a grant program to be administered by the Department of Justice to assist States and local governments.

It is important to note these statistics: the rate of deaths from heroin overdoses that account from the White population saw a 267 percent increase between 2010 and 2014; in African Americans, there was an increase of 213 percent in 2010 to 2014; in Hispanics, there was a 137 percent increase from 2010 to 2014; and in Native Americans, there was a 236 percent increase.

No aspect of American life has been uninfluenced by the devastation of heroin overdoses and deaths—many of it impacting families whose young, bright, talented, athletic, and, otherwise, young people have fallen victim to this. This grant program is extremely helpful, for which I am very pleased, because it deals with monitoring the prescription drugs, and it deals with matching those who are committed to working with police officers. It is truly an important bill.

Let me close by saying that we must have money to support all of this, and I am hoping that this will not be the last stop we will make.

Mr. Speaker, I rise in support of this amendment to S. 524, the Comprehensive Addiction and Recovery Act.

This week, the House adopted a number of bills that—together—are intended to provide a response to the opioid crisis that is commensurate with the scope of the problem.

Yesterday, the House passed—by an overwhelming vote—the primary contribution of the Judiciary Committee to this effort, H.R. 5046, the Comprehensive Opioid Abuse Reduction Act.

I am an original cosponsor of that bill, and I was a cosponsor of the predecessor bill, both of which were introduced by my colleague, JIM SENSENBRENNER, the Chairman of the Subcommittee on Crime.

I commend him for his years of work and persistence on this issue, and I also commend Chairman GOODLATTE and Ranking Member CONYERS for their leadership and work to find common ground on this very important issue.

As we take the steps today which will allow us to engage in discussions with the Senate so that we may soon send a bill to the President for signature, I am pleased at the progress we have made.

The reason we must work together is that a leading killer of Americans today is drug overdose.

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

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

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

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

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

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

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

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

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

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

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

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

In 2013, 11 million people admitted to improper use of prescription painkillers and therefore were at a heightened risk of becoming addicted to heroin—with its attendant risks and dangers.

That is why we have worked together this week on legislation to reduce the risks of addiction and to fund appropriate treatment responses to those who abuse these drugs.

The bill we passed yesterday, H.R. 5046, reflects this strategy by proposing to establish a grant program, to be administered by the Department of Justice, to assist states and local governments, particularly by helping criminal justice agencies to tackle the opioid problem from a variety of angles.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

While law enforcement has an appropriate role and the bills recognize that, the bills we adopted this week and that we put forth as an amendment to the Senate bill today reflect a broader strategy that reflects the fact that this is an addiction issue.

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

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

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

With that history in mind and with the chance to take smarter and more effective steps now, I look forward to continuing to work with my colleagues in the House—and in the Senate—to apply this more comprehensive approach, including treatment alternatives, to those suffering from crack and cocaine addiction.

Yesterday, in my closing remarks on H.R. 5046, I stated my intention to ensure that we make progress on addiction not only involving opioids but drugs like crack and powder cocaine as well.

As I express my support for this legislation, I urge my colleagues to work with me in this broader initiative as well as join me in voting for this amendment to the Senate bill today.

Mr. CONYERS. Mr. Speaker, I yield back the balance of my time.

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

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 725, the previous question is ordered on the bill, as amended.

The question is on the third reading of the bill.

The bill was ordered to be read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GOODLATTE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 400, nays 5, not voting 28, as follows:

[Roll No. 193]

YEAS—400

Abraham
Aderholt
Aguilar
Allen
Amodei
Ashford
Babin
Barletta
Barr
Barton
Beatty
Becerra
Benishek
Bera
Beyer
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Bonamici
Bost
Boustany
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Brooks (IN)
Brown (FL)
Brownley (CA)
Buchanan
Buck
Bucshon
Bustos
Butterfield
Byrne
Calvert
Capps
Capuano
Carney
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clawson (FL)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Dold
Donovan
Doyle, Michael F.
Duckworth
Duffy
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers (NC)
Emmer (MN)
Engel
Eshoo
Esty
Farenthold
Farr
Fitzpatrick
Fleischmann
Fleming
Flores
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gallego
Garrett
Gibbs
Gibson
Goodlatte
Gosar
Gowdy
Graham
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guinta
Guthrie
Gutiérrez
Hahn
Hanna
Hardy
Harper
Harris
Hartzler
Heck (NV)
Heck (WA)
Hensarling
Hice, Jody B.
Higgins
Hill
Himes
Hinojosa
Holding
Honda
Hoyer
Hudson
Huelskamp
Huffman
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Issa
Jackson Lee
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger (IL)
Kline
Kuster
Labrador
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lummis
Lynch
MacArthur
Maloney, Carolyn
Maloney, Sean
Marchant
Marino
Matsui
McCarthy
McCaul
McClintock
McCollum
McDermott
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Mulvaney

Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Neugebauer
Newhouse
Noem
Nolan
Norcross
Nugent
Nunes
O'Rourke
Olson
Palazzo
Pallone
Palmer
Paulsen
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Pompeo
Posey
Price (NC)
Price, Tom
Quigley
Rangel
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (NY)
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schiff
Schrader
Schweikert
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Stefanik
Stewart
Stivers
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Westmoreland
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NAYS—5

Amash
Brooks (AL)
Gohmert
Massie
Scott (VA)

NOT VOTING—28

Adams
Bass
Bridenstine
Burgess
Cárdenas
Fattah
Fincher
Forbes
Garamendi
Hastings
Herrera Beutler
Israel
Kennedy
Kirkpatrick
Knight
Latta
Pascrell
Payne
Pitts
Richmond
Rush
Russell
Salmon
Sanford
Speier
Stutzman
Titus
Whitfield

□ 1151

Mr. SCOTT of Virginia changed his vote from ''yea'' to ''nay.''

So the bill was passed.

The result of the vote was announced as above recorded.

Pursuant to section 3 of House Resolution 725, the title of the bill was amended so as to read: ''An Act to authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes.''.

A motion to reconsider was laid on the table.

Stated for:

Mr. SCOTT of Virginia. Mr. Speaker, I inadvertently voted NAY on passage of S. 524, as amended by the House. I strongly support S. 524, as amended by the House.

PERSONAL EXPLANATION

Mr. SANFORD. Mr. Speaker, because I was in Nashville, Tennessee attending my son Landon's graduation from Vanderbilt University today, I was not present to vote. Had I been present, I would have voted "yea" on rollcall 190, "aye" on rollcall 191, "yea" on rollcall 192, and "nay" on rollcall 193.

PERSONAL EXPLANATION

Mr. KNIGHT. Mr. Speaker, on Friday, May 13th, I was absent due to obligations in the district. Had I been present for the day's vote series, I would have voted "yea" on rollcall No. 190, on ordering the previous question; "yea" on rollcall No. 191, on the rule providing for the consideration of S. 524; "nay" on rollcall No. 192, on approval of the journal; and "yea" on rollcall No. 193, on passage of S. 524 or the Comprehensive Addiction and Recovery Act of 2016, as modified by the House amendment.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate concurs in the amendment of the House of Representatives to bill (S. 1523) ''An Act to amend the Federal Water Pollution Control Act to reauthorize the National Estuary Program, and for other purposes.''.

MOTION TO GO TO CONFERENCE ON S. 524, COMPREHENSIVE ADDICTION AND RECOVERY ACT

Mrs. BROOKS of Indiana. Mr. Speaker, I ask unanimous consent that the House insist on its amendments to the bill (S. 524) to authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, and request a conference with the Senate thereon.

The SPEAKER pro tempore. The Clerk will report the title of the bill.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

MOTION TO INSTRUCT OFFERED BY MS. ESTY

Ms. ESTY. Mr. Speaker, I have a motion to instruct conferees at the desk.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Ms. Esty moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the House amendments to the bill S. 524 (an Act to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use) be instructed to recede to title III of the bill (relating to treatment and recovery programs).

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentlewoman from Connecticut (Ms. ESTY) and the gentlewoman from Indiana (Mrs. BROOKS) each will control 30 minutes.

The Chair recognizes the gentlewoman from Connecticut.

Ms. ESTY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to offer a motion which would instruct the appointed conference committee to prioritize prevention, treatment, and recovery programs for folks suffering from prescription opioid or heroin addiction, but all of the good legislation that we worked on so hard this past week in the House is close to futile without appropriate Federal funding.

It is all too easy for us to say we support helping folks who suffer from addiction to get the treatment and resources they so desperately need or to support community programs that spread awareness about the dangers of prescription drug use or to instruct and support medical professionals about the risks of opioid addiction, but it is time for us to put our money where our mouth is.

This year, the President requested that we appropriate $1.1 billion to help the American people to prevent and treat addiction. It is time for us to act on that request. It is not enough to adopt important policies that we have this week on prevention and on treatment; we need funding.

We must provide adequate Federal funding to prevent addiction from occurring in the first place by expanding our prescription drug overdose prevention strategies. We must provide adequate Federal funding to help save the lives of those who have intentionally or accidentally overdosed by improving access to the overdose reversal drug naloxone and support targeted enforcement. And we must help our local law enforcement by supporting targeted enforcement activities.

Families across my district in Connecticut and across this great Nation are reaching out to our offices asking for support and help, asking us to come together and to address this public health crisis.

Recently, I was contacted by a family from my hometown about a young woman who was a classmate of one of my three children. They have lost track of this young woman. She has fallen into the grips of addiction and has disappeared for years from her family. They are trying to seek her out, find her, and get her treatment.

We were successful in finding her in a court. We were successful in getting her a bed. Sadly, she turned down treatment at this time. That is the story of what addiction does to families. We are hopeful that she will heed the voices of her family, that she will come back in and get treatment.

But that is also why prevention matters. Because it is so hard to treat addiction, we need to do everything we can to prevent folks from getting addicted in the first place.

That is why some of the provisions I included in this bill are so important:

to make sure the public understands the risk of prescription drug addiction, to make sure that our medical professionals get continuing medical education to understand their responsibility to look out for their patients, to seek out alternative pain management strategies, and to understand those risks.

The sad truth is we don't have enough treatment beds. The sad truth is we don't have dissemination of best practices. The sad truth is we don't have the funding right now to address this crisis in the way that the American people want and need us to do.

So let's work together. Let's work together to prevent our children, our families, and our friends from being so poisoned by this addiction on our streets. We can't do it without funding. It is just unfair. Not just unwise, it is unfair to claim credit for solving a problem and addressing it without the funds that need to go there.

So let's work together to provide funding. In our conference with the Senate, let's seek to put the resources there to back the wonderful policies that we adopted this week in this House.

So, again, I urge my colleagues to support this motion to instruct our conferees.

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

Mrs. BROOKS of Indiana. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. MESSER).

Mr. MESSER. Mr. Speaker, I want to thank my colleague, my good friend, the gentlewoman from Indiana, for her important work on this legislation.

I rise in support today of S. 524.

Mr. Speaker, an astounding 78 people die every day of opioid overdose in America—78 people each day, 78 families crushed in the wake of this epidemic. And that will continue to leave devastation in its path unless we act.

□ 1200

Austin, a city in my district, is all too aware of opioid addiction's devastating consequences. It has become the epicenter of an HIV outbreak connected to opioid addiction.

The community of Austin is rallying to that crisis, but Hoosiers aren't the only ones suffering. That is why this week we came together as a House to pass 18 bills to tackle this epidemic, including the bill we are debating right now.

These bills are an important first step. We must continue to work together to end this devastation and help the families crushed by this crisis.

Ms. ESTY. Mr. Speaker, I yield 5 minutes to the gentleman from Connecticut (Mr. HIMES), my friend and fellow Nutmegger.

Mr. HIMES. Mr. Speaker, I am delighted to join my colleague from Connecticut (Ms. ESTY) in supporting this motion to instruct because this is an issue that deserves not just the attention and the focus of the House, but it deserves a meaningful commitment of resources to address the problem that is plaguing every town and city in Connecticut and in this country.

Mr. Speaker, this year we will see 30,000 fatalities to this opioid crisis. In the 20 years of the Vietnam war, from 1955 to 1975, this Nation suffered just shy of 60,000 fatalities in the entire Vietnam war. In 2 years, the opioid crisis will claim more Americans than died in the Vietnam war; yet, we this week—and I salute the majority for acting on the opioid crisis—decided to make roughly $106 million available to this scourge.

For those watching at home, we didn't actually make that money available. In Congress, we authorize—which says, legally, you can spend the money—and we appropriate. Appropriate is actually when we take out the checkbook and write the check. And just to be clear for the American people, we authorized, but we did not appropriate.

So, again, I salute the majority and I salute the bipartisan tenor that we have had this week in addressing this very, very serious problem through so many bills, but now is the time to actually put our money where our mouths are. The reason for this is the number I gave you earlier: 30,000 Americans every single year.

I spoke earlier this week about a young man from my district named Alex Recupido, a 2010 graduate of Trumbull High School. He was a young man and was on his way to becoming a nurse.

He had moved to Florida to pursue that career when, in 2014, he fell prey to a heroin overdose that, like so many of these things, started with the abuse of prescription opioids and moved into a heroin addiction and then, of course, a tragic end, as so many Americans have experienced. There were 415 in my small State of Connecticut.

I had the opportunity to speak to Alex's mom this week. Like so many of these cases, there were any number of steps along the way where this horrible outcome could have been prevented. People knew that he had a problem, but nothing happened with treatment and recovery to stop the outcome of this young man dying in Florida in 2014.

Thirty thousand is a big and abstract number, but I wish you could have heard Alex Recupido's mom, who has now devoted her life to working and advocating for us to do our jobs to commit the resources we need to commit to address this opioid crisis in this country.

I wish you could have heard her. If you had heard her, we would probably be working through the night tonight to make sure that we adequately address this unbelievable problem.

This is really about treatment and recovery. It is about training our first responders. And let's face it. We can use a lot of words and we can talk about money, but until we write the checks to help our States and our municipalities and our treatment organizations and recovery organizations to actually make a difference on the ground, we are just talking.

I salute that. And I do salute the majority for devoting this week to these really, really important bills. But I also hope that we can do better than talking about $106 million and, through this motion to instruct, actually put the resources that we need on the table to try to stop those 30,000 deaths that are going to occur this year unless we act in a meaningful way.

So again I salute the majority for prioritizing this week, and I thank my colleague, ELIZABETH ESTY, for offering this motion to instruct. I hope we can get behind it and I hope we can actually do something good for an awful lot of tragic outcomes that will happen otherwise.

Mrs. BROOKS of Indiana. Mr. Speaker, I yield myself such time as I may consume.

This legislation was crafted in collaboration with colleagues from both sides of the aisle and it is in the best interest of the American people as a whole.

Regardless of which side of the Chamber we sit on or which State we represent, the number 78 has come up time and time again. Those are 78 Americans who are dying of heroin and opioid epidemic every single day from communities large and small, rural, urban, from coast to coast.

It is time we come together, as we have done this past week, on behalf of the millions of Americans and their families who are struggling with this horrible epidemic and desperately need our help.

The Senate has acted and now the House has put forward a powerful bipartisan package that reflects our priorities. This will not be all the work we do together. So the package of bills that we have done will not be all that this Congress does forever.

Together, in conference, we can enhance our collective response to this crisis. I look forward to resolving the issues that have been raised by my colleagues across the aisle with our Senate colleagues, and I look forward to the conference committee, where we will resolve so many issues on behalf of the American families and people who have lost loved ones to this crisis.

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

Ms. ESTY. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, as previous speakers have already noted, 30,000 Americans are likely to die this year from drug overdoses.

In the small cities in my district, like Waterbury, a town of about 100,000 people, 38 people died last year from drug overdoses. In New Britain, Connecticut, it was 31 people. Each one of those individuals had friends and family and loved ones. Each one of those deaths was mourned. Each one of those deaths was an unnecessary tragedy.

Our constituents send us to Washington to work together to solve problems, and this is the most basic and fundamental issue we deal with, literally, matters of life and death.

I am pleased that my good friend, my colleague from Indiana, SUSAN BROOKS, has worked so hard and that the majority has worked hard with the minority this week on it. But at the end of the day, our budgets are also our priorities.

We have to find a way to provide the resources so that these wonderful programs and the good policies that we adopted this week are reflected and put into place to actually save lives.

We cannot claim credit for good policies when we do not provide the resources to the first responders on the streets, to the substance abuse counselors, to the coaches who need to understand the risks for their young athletes, to parents to understand those risks, to our dentists who are doing wisdom tooth extractions. All our work is for naught if it is simply a bill passed that appears in lawbooks.

Our job is not yet done. So I urge my colleagues in the strongest possible way to continue our good work and to put into effect the resources so that these policies adopted in the Senate and the House have the impact we all want and the American people need, which is to help save lives, to prevent our fellow citizens from becoming addicted to prescription drugs or to heroin, and to actually help them remove themselves from that addiction and return to life in its fullest form.

So, again, I urge my colleagues to take these instructions and take this charge to heart in the meeting in the conference committee.

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

The SPEAKER pro tempore. All time for debate has expired.

Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. ESTY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ADJOURNMENT FROM FRIDAY, MAY 13, 2016, TO MONDAY, MAY 16, 2016

Mrs. BROOKS of Indiana. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet on Monday, May 16, 2016, when it shall convene at noon for morning-hour debate and 2 p.m. for legislative business.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

HONORING THE LIFE OF ANN DAY

(Ms. MCSALLY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. MCSALLY. Mr. Speaker, it is with a heavy heart that I rise today to honor the life of Ann Day, a dedicated public servant of southern Arizona who was tragically killed last weekend in a car crash.

Ann was the sister of former Supreme Court Justice Sandra Day O'Connor, but that did not keep her from making a mark on Arizona that was uniquely hers. She came from a ranching background and brought a ''cowgirl commonsense'' approach to problem solving that marked her many years of service.

Ann represented Tucson in the Arizona State Senate for 10 years, followed by 12 years as a Pima County supervisor. Her efforts led to the establishment of local landmarks like the Rillito River Path and Brandi Fenton Park, where a memorial service in her honor will be held on Saturday. She also will be remembered for her love of nature and substantial conservation efforts in Pima County.

Thanks to her, generations of people from across our country will continue to be able to come to southern Arizona and experience the breathtaking landscapes that we call home. She is truly someone whose impact and legacy will live on far beyond her years and someone who will be deeply missed by many in our community.

AUTHORIZED USE OF MILITARY FORCE

(Ms. LEE asked and was given permission to address the House for 1 minute.)

Ms. LEE. Mr. Speaker, I rise today to challenge this House to live up to our constitutional duty to debate the ongoing war in the Middle East.

For nearly 2 years, our brave servicemen and -women have been fighting yet another war. As they face snipers and mortar rounds, incredibly, some claim that they are not in combat.

How can we claim this is not combat? And, worse, how can we ask them to go to war when Congress cannot muster the courage to debate it and authorize it or not?

The last four Presidents have bombed the Middle East with little or no congressional oversight. Will we allow a fifth President to continue these wars unchecked?

As the National Defense Authorization Act comes to the floor next week, I submitted an amendment to force a debate on this war and repeal the 2001 blank check for endless war that got us into these perpetual wars.

As you can see, the Congressional Research Service has indicated that this 2001 resolution has been used over 37 times. These are some of the areas in which that has been used. That is just wrong.

The Rules Committee should allow this important debate to come to the House floor.

Mr. Speaker, let us debate this war, its costs, its consequences, and talk about a real strategy to end ISIL's reign of terror.

NATIONAL FOSTER CARE MONTH

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, I rise to recognize the month of May as National Foster Care Month across our Nation. In fact, I was proud to sign on this week to the legislation creating this distinction.

National Foster Care Month was established more than 25 years ago to bring foster care issues to the forefront, highlighting the importance of permanency for every child and recognizing the essential role that foster parents, advocates, and social workers play in the lives of children in foster care across the country.

With nearly 415,000 children in foster care across America, it is safe to say that we all know a child in foster care. Furthermore, I want to recognize the families who have selflessly decided to open their homes to these boys and girls, providing good homes at a very challenging time for these young people.

Madam Speaker, the foster care system has and always will hold a special place in my heart. When I was 11 years old, my family welcomed a foster care child, Bob, into our home. Bob, throughout the years, has taught me so much and will be my brother for life.

□ 1215

HONORING OUR NATION'S POLICE OFFICERS

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Madam Speaker, last night, my colleague, Congressman REICHERT, had a Special Order honoring our police officers for National Police Week here. And though I had wished to take part in that, I wasn't able to; but I certainly feel the need and desire to honor our police officers across this country for what they do, for being on the line for all of us here, and sometimes being unappreciated for that in a strange media setting that we have these days.

We hearken back to 2014, when 136 officers lost their lives. Fresh on our mind in northern California is the loss of two of our Placer County officers, Michael Davis and Danny Oliver, in a terrible run-and-gun situation that was going on with a released inmate. These

two officers served many years in their role for the people of Placer County and northern California.

Like them, many others around the country have lost their lives in the line of duty to protect us. We need to honor them. We need to be behind them at all times. The thin blue line is between us and a lot of really bad things in this Nation. They go to work each day willing to pay the price, if it is necessary. We honor them.

In the midst of everything going on these days in the news and the media, it is important that we always remember their sacrifice, and stop and thank them, and get to know them as they are trying to get to know the people in the community. We find out they are just human like us and are after the same things, as Americans.

MOMENT OF SILENCE FOR CARL WHITMARSH

(Mr. AL GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. AL GREEN of Texas. Madam Speaker, I stand today in the well of the House to pay tribute to a great and noble American, a person who gave a lot to his country.

He was a loyal Democrat. He was a Democrat's Democrat, but he was more than that. He was a person who was a voice for the voiceless.

He was one of those persons who had a publication that was widely circulated in Houston, Texas, and this publication was the means by which those of us who could read the front page, but not understand the rest of the story, we could acquire that intelligence by simply reading his words.

He made things not only clear, but perspicuously clear. He was a person that went out of his way to get truth to those who would be confused, if not but for what he would do.

So I am honored to say that Carl Whitmarsh was a great and noble American. But I am also honored to say that he was a person who made it very much possible for the Democratic Party to thrive in Houston, Texas.

Lane Lewis, who is the current chair, benefited from his presence. He and Lane worked closely together. In fact, it is very difficult to think of him and not think of Lane Lewis. Carl Whitmarsh, Lane Lewis.

Carl, may you rest in peace.

I will now ask for a moment of silence in his honor.

UNLEASHING AMERICA'S ECONOMIC POTENTIAL

The SPEAKER pro tempore (Mrs. MIMI WALTERS of California). Under the Speaker's announced policy of January 6, 2015, the gentleman from Georgia (Mr. WOODALL) is recognized for 60 minutes as the designee of the majority leader.

Mr. WOODALL. Madam Speaker, I want to begin by yielding to the gentleman from Montana (Mr. ZINKE), one of the great freshmen here leading our institution.

HONORING THE SERVICE OF REAR ADMIRAL BRIAN LOSEY

Mr. ZINKE. Madam Speaker, I rise today in support of Rear Admiral Brian Losey, the current commander of Naval Special Warfare Command, our Nation's top U.S. SEAL. He is entrusted with the honor of commanding all SEALs, all special boat units, and all support staff across this great country and across many theatres.

I have had the privilege of serving with Brian Losey, SEAL Team 6, Red Team, and I can tell you that Brian is an outstanding officer.

It is an obligation of every officer to take action when he sees wrong, and Brian Losey did just that. He saw a problem and took action. He took decisive action because he knew the actions of others around him were wrong.

Yet, once again, an entrusted, entrenched bureaucracy was allowed to hide behind threats, hide behind whistleblowers, hide behind rules that were intended to protect command and not to erode it. And yet, those accusations discredited a great officer and the head of the United States Navy SEALs.

I understand these protections are important, and they are necessary, but we cannot allow such protections to go against accountability and against the sanctity of command.

In this case, the Navy reviewed the investigation on Admiral Brian Losey. They found him to be innocent and wrongfully accused. I have seen the evidence and went through it line by line. I fully support the Navy's conclusion and believe that they properly reviewed this case.

The DOD had different conclusions, and I believe those DOD conclusions from the IG are flawed and are cherry-picked.

Admiral Losey is highly regarded by his subordinates, all of the Naval Special Warfare community, and all SEALs who have served with him and under his command. This includes the Navy SEAL standing before you. I have known this man and his family for 30 years.

Let me just give you a snapshot of Admiral Losey's leadership under his command of Naval Special Warfare. The SEALs, and those under his command, have executed 654 total missions, have killed 461 high-value targets—every one of those targets, if given a chance, would do grievous harm to our Nation—have captured 60, wounded 32, rescued an American hostage, deployed an average of 250 days of the year.

In 2015 alone, in Iraq, Naval Special Warfare Command and its components were responsible for the killing or capture of over 3,000 enemy combatants.

Admiral Losey personally deployed to Operation Inherent Resolve, Operation Enduring Freedom in the Trans-Sahara. He has deployed to 30 countries. Naval Special Warfare forces under his command are deployed to 70 countries across this great globe. They advanced partner forces' security capabilities, training over 6,000 of our allies.

Madam Speaker, America, our men, women, and children, both at home and abroad, are able to sleep at night due to the leadership of Admiral Losey and those forces that he commands.

Admiral Brian Losey, I thank you for your dedicated service to this country. As a former teammate and United States Navy SEAL, I am proud of all that you have done for our community, for the United States Navy, and our grateful Nation.

Mr. Speaker, I rise today in support of Rear Admiral Brian Losey, the current Commander of Naval Special Warfare Command, our Nation's top U.S. Navy SEAL, entrusted with the honor of Commanding all Navy SEALs. I had the privilege of serving with Brian in the SEALs and am proud to call him a team mate.

It is the obligation of every officer to take action when they see wrong, Admiral Losey did just that. He saw a problem and took action. Yet once again, our entrenched bureaucracy has allowed senior civilian individuals to hide behind anonymous accusations and whistle blower protections, in an attempt to discredit a great man and cover-up their transgressions.

While these protections are important and necessary, they cannot be allowed to be abused or shield them from being held accountable.

In this case, after the Navy reviewed the investigation of Admiral Losey, they found him to be innocent and wrongfully accused. I have seen the evidence. I fully support the U.S. Navy's conclusion and believe they properly reviewed the case and fairly adjudicated this matter.

Admiral Losey is highly regarded by his subordinates and all of the special warfare community as a true selfless and humble leader. This includes the Navy SEAL standing before you that has had the honor to serve with him and know him for the last 30 years. He has sacrificially served our nation with distinction and honor.

Let me just give you a snap shot of Admiral Losey's leadership under his command Naval Special Warfare Forces have:

Executed 654 total missions.

Killed 461 High Value Individuals.

Captured 60, Wounded 32.

Rescued an American Hostage.

Deployed an average number of 250 days.

NSW strives to maintain a 1:3 deploy-to-dwell ratio.

In 2015 Iraq alone, NSW was responsible for the coordinated capture/kill of over 3,000 enemy combatants.

Participated in Operation Inherent Resolve, Operation Enduring Freedom (AFG/PI/H0A/TransSahara).

Deployed to 30 countries as Crisis Response Forces.

Deployed to 70 countries to support 550 training events for allied and partner nations, advancing partner forces' security capabilities, ultimately training approximately 6,000 foreign partner and allied military personnel per year.

American men, women, and children, both at home and abroad, are able to sleep soundly in their beds due to the leadership of Admiral Losey and the actions of the men and women he leads.

Admiral Brian Losey thank you for your dedicated and faithful service to the United States of America. As a former teammate and U.S. Navy SEAL, I am proud of all that you have done for the NSW community, the United States Navy, and our great nation.

The following in a more in depth background of the situation:

There has been significant public media interest in the Whistleblower Reprisal Investigations against Rear Admiral Brian Losey, currently serving as Commander, Naval Special Warfare Command while serving as Commander, Special Operations Command Africa. My professional interest in these issues as a member of House Armed Services Committee, and as a former member of the Naval Special Warfare Community, was drawn by the apparent divergence in reporting put forth by the DoD Inspector General, and the adjudication conclusions of the Navy—and further highlighted by a divergent Senate address by Senator CHUCK GRASSLEY and a pointed op-ed by the former Commander, U.S. Special Operations Command Admiral (ret) Bill McRaven, which raised concerns about the unjust and destructive politicization of the matter. I looked into these cases and identified the following significant, and not all-inclusive, items of concern from the evidence submitted to the DoD Inspector General:

Rear Admiral Losey relieved an Air Force Lieutenant Colonel of his duties as Director of Personnel and Administration (J1 Director). This officer was responsible for the processing of awards and evaluations for service members assigned or conducting duties in support of Special Operations Command Africa (SOCAFRICA), and was delinquent in the processing of over 300 awards and evaluations spanning a timeframe greater than two years.

Rear Admiral Losey and the Deputy Commander of SOCAFRICA counseled this officer well before any IG complaints were raised. By word and deed, this officer signaled that he was unwilling to step up his efforts to take care of service members, citing his family life as his primary concern, and arguing against establishing the normal administrative trackers for awards, evaluations, and pending transfers and gains in personnel as requested by Losey. After discovering that this officer allowed the use of Admiral Losey's legal signature via auto pen 36 times without the necessary authorization, and then not being truthful about it, Rear Admiral Losey relieved him and properly referred the placement of this officer to the Air Force chain of command.

In the same timeframe, an Army Captain assigned to the J1 filed an 8 page complaint against the J1 Director, citing a hostile work environment, lack of compliance with various administrative policies, and many of the same issues that SOCAFRICA leadership had already addressed in counseling with the J1 Director. An investigation was conducted by SOCAFRICA's higher headquarters, U.S. Africa Command, which determined that the J1 Director was culpably negligent and derelict in the execution of his duties on multiple counts. The investigation noted that the Senior NCO in the J1 among others, had reflected this officer ''was seldom in the workplace for 40 hours a week.'' The AFRICOM Judge Advocate Office endorsed the investigation and an Air Force Major General at AFRICOM issued a Letter of Counseling to the SOCAFRICA J1 Director citing ''a lack of; professionalism, selfless service, self-discipline and duty'' and further recommending that this officer ''approach future situations with the integrity and professionalism expected of an Air Force officer''.

The AFRICOM investigation further recommended that this officer be issued an adverse fitness report. Admiral Losey did not issue an adverse fitness report and instead, recommended this officer for all for promotion requirements and promotion. It is apparent that Admiral Losey exercised considerable restraint and care in handling this officer.

The written and verbal testimony as well as the substantial supporting documentation submitted to DoD IG by Rear Admiral Losey, the Deputy Commander, and the Chief of Staff reflects good faith and effective efforts to resolve both performance and misconduct issues related to the former Chief of Staff and the most senior civilian assigned to SOCAFRICA—publicly identified as Mr. Fred Jones through multiple media statements he has made related to these cases.

Mr. Jones was provided a written counseling document for necessary performance improvement owing to a lack of staff processes, which he was responsible for developing and implementing over the four years he was the Chief of Staff, as well as deficiencies in staff organization and execution of his assigned duties. In addressing the increasing workload and levels of risk brought to SOCAFRICA service members deploying to Africa in the shadow of the Arab Spring and exacerbated by longer term and growing Al Qaeda, Al Shabaab, and Boko Haram terrorism concerns, Mr. Jones agreed amicably in writing to the creation of a Director of Staff position to help level the workload not being addressed in his role as Chief of Staff. This parallels the common Deputy Commanding General for Operations and Deputy Commanding General for Support structure in Army Divisions. Rear Admiral Losey, with the diligent work of the staff was able to create a GS–15 position for Mr. Jones with no decrement to pays, benefits or stature. The new Chief of Staff, an Army Colonel, offered Mr. Jones workspace in the Chief of Staff office. Mr. Jones had a couple of other choices and selected an office co-located with a longtime friend, remote from the command group.

Shortly after the new Chief of Staff assumed his duties, he gained access to the SOCAFRICA pay report. He noted and confirmed significant irregularities in pay benefits drawn by several SOCAFRICA civilian members with AFRICOM, who issued the report. A formal, command-wide, and broad scoped investigation was initiated and spanned a timeframe of one and a half years prior to Rear Admiral Losey's arrival to approximately one and a half years after his arrival. The investigation of over 1,000 pay record entries revealed that Mr. Jones, along with 3 other civilians identified in allegations against Losey, comprised 92% of the major pay violations in SOCAFRICA in that three year period. This was particularly egregious as Mr. Jones, a retired Army Reserve Special Forces Colonel, was accountable for maintaining the integrity and compliance of the pay system, and was the single largest violator of DoD Financial Management Regulations and policies in SOCAFRICA by routinely seeking pay and leave benefit approvals from his subordinates. This investigation and a subsequent AFRICOM IG inspection further revealed that several civilians in SOCAFRICA held unauthorized super user/system administrator privileges in the pay system and were circumventing the normal benefit approval and verification processes. Rear Admiral Losey directed Mr. Jones to personally comply with proper procedures—but Mr. Jones disregarded this direction and continued to seek approvals of pay benefits through his subordinates. The whistleblower complaints against Rear Admiral Losey were raised AFTER the pay investigations were initiated and Mr. Jones implicated in misconduct. To not investigate this misconduct given the data presented would have been a dereliction of duty by Rear Admiral Losey.

This misconduct was further amplified when the new Chief of Staff went to work with staff experts to include Mr. Jones, in creating an apparently absent pay policy within SOCAFRICA. Weeks into this work, the new Chief of Staff discovered that a policy had already been created years earlier under the hand of Mr. Jones. Mr. Jones did not disclose that there was already a policy in effect that was not being complied with.

After designation as Director of Staff, Mr. Jones was properly detailed in accordance with his job description and duties to complete the body of instructions and policies that should have been in place for a command that was 4 years old. With persistent management oversight, he satisfactorily completed his tasks months after the agreed to suspense date, and was rated as ''successful'' in his performance evaluation. This evaluation was fully supported by civilian personnel policy, was not a ''lowering'' of his ratings, as this was Rear Admiral Losey's first report on Mr. Jones. This rating did not require any Performance Improvement Plan as incorrectly asserted by DoD IG, and is required only for evaluations reflecting ''failure''. It appears that Losey did not reprise in addressing these issues. It appears that the responsible management officials (RMOS) as a whole, took considerable care in ensuring Mr. Jones' pay and stature in the creation of a GS–15 Director of Staff position were not decremented or compromised.

In another disturbing demonstration of a lack of process, internal management, and compliance, SOCAFRICA's executive oversight agency for communications security (COMSEC) and specifically, the handling of sensitive cryptographic keying material noted a pervasive lack of compliance in SOCAFRICA's COMSEC program during a staff assist visit. Discrepancies in COMSEC are a national security concern, and reportable at all times. Their discovery during the assist visit threatened to shut down SOCAFRICA's communications, and the numerous operations they supported. Rear Admiral Losey learned that his COMSEC vault and COMSEC managers were not certified, and that there were a significant number of cryptographic keys in Africa that had not been documented as properly destroyed. The was perplexing as Rear Admiral Losey recalled the receipt of commendatory correspondence from USSOCOM for an excellent internal management control program only a couple of months before his arrival at SOCAFRICA. This program is designed to apply additional oversight on sensitive or high impact functions of a command, to include COMSEC. Given that the program was commendable on one hand, and failing on another, an investigation was initiated. The

investigation revealed that the COMSEC oversight portion of the internal management program was falsified with backdated compliance checklists, and an unsupported statement of compliance. Staff processes, staff function and compliance, fell squarely in Mr. Jones job responsibilities. Again, Rear Admiral Losey handled the correction of this issue administratively at the lowest level possible. By all evidence reviewed, it appears that Rear Admiral Losey did his best to ensure that SOCAFRICA was able to provide critical support to service members deploying into complex security situations and at risk, while preserving Mr. Jones equities as a civil servant. These areas included Somalia and boundary states, South Sudan, Libya, Uganda and countries impacted by the Lord's Resistance Army (LRA) and Joseph Kony, as well as a dozen more countries in the Trans-Sahara and Islamic Maghreb regions—areas where Al Qaeda and Boko Haram were spreading.

Civilian A, a named party in the allegations against Rear Admiral Losey, served as the SOCAFRICA Executive Officer (XO), and was a retired Army Major. He was subordinate to and rated by, Mr. Jones. He was the primary unauthorized approval authority for Mr. Jones' pay benefits as revealed in the broadly scoped, command wide investigation into the matter.

As XO, Civilian A was properly detailed in accordance with his job description and duties to assist Mr. Jones in completing the body of instructions and policies necessary to define and formalize SOCAFRICA's staff processes and functions. Along with Mr. Jones, Civilian A satisfactorily completed this task with persistent management oversight months after the agreed suspense date. In accordance with personnel policy, he was given ''successful'' evaluation marks in a report rendered by Losey. This was Losey's first report on the member, and was not a ''lowering''. As with Mr. Jones, a performance improvement plan was not required, and is triggered when a member is assessed to be ''failing''. As reflected in evidence submitted to DoD IG by RMOS, Civilian A had repeated clashes with senior management officials, and was constant in his efforts to assert alternative realities of discussions and agreements. He was particularly resistant to direction to removing his liquor displays from the government workplace.

At the request of Civilian A, and as agreed to at the outset of the detail period, Civilian A was moved to the SOCAFRICA Directorate for Plans (J5) upon completion of his work detail with Mr. Jones. As there was no civil servant position available for him in the J5, Rear Admiral Losey and management officials ensured his placement by creating a GS–13 non-compete billet in the J5 to support and ensure Civilian A's professional placement and development desires. DoD IG instructions require that investigators assess the motives and character of witnesses. In the case of Civilian A and Mr. Jones, it is apparent that the whistleblower complaint against Rear Admiral Losey was likely not triggered by the distant allegation of a travel infraction, but more proximately triggered as a shield to the long standing misconduct associated with padding their compensatory time and overtime pay benefits, and circumventing the very processes they were accountable for instituting and enforcing in SOCAFRICA. DoD IG questioned Losey on a ''locker room'' discussion from which nearly every quote that is attributed to Losey and his alleged reprisal motives emanate. After misrepresenting Rear Admiral Losey's transcribed testimony in preliminary reports, and after separate questionings a year apart, DoD IG concluded that they could not substantiate that any ''locker room'' discussion occurred—this was revealed finally as an allegation made by Civilian A as a ''one on one'' conversation. It is a significant concern, but likely an simple administrative oversight to see the elements of a conversation that could not be substantiated cascaded through every DoD IG investigative report as though they actually occurred. It is equally concerning that DoD IG enables these complainants seeking the title of ''whistleblower'' to exercise a seemingly unlimited dominion over truth and forthright character. Civilian A, as an Army Officer and Battalion XO, ordered a cover up in advance of a CID investigation into a drowning death of an Iraqi citizen. He later testified on the matter in exchange for immunity from prosecution, while soldiers from the Battalion that followed his orders were tried in court. Civilian A's character is well chronicled in the book ''Drowning in the Desert'' by V.H. Gambera. He was ultimately censured by the Chief Staff of the Army for obstruction of justice. These motive and character assessments are clearly relevant.

I reviewed the separate investigation into Rear Admiral Losey's leadership, as referenced by Admiral (ret) McCraven. Rear Admiral Losey's effectiveness as well the respect he generates in mission execution is well documented. Additionally I note that he has exceeded DoD and Navy averages for every command climate assessment area based on DEOMI Survey records.

I commend the Navy for its careful and forthright review of relevant evidence in this matter. Mission execution and ensuring proper support of service members in harm's way while bringing SOCAFRICA's processes and compliance to acceptable levels were evident drivers in RMO and Rear Admiral Losey's actions, and clearly supports the Navy's adjudication conclusions.

I am deeply concerned that three and a half years of investigating, over 100 witness interviews, and 300,000 e-mails were digested to produce biased reports at the near complete exclusion or distortion of the testimony, evidence, and documentation that provided credible support and justification for the actions of RMO's and for a commander's duty obligations and responsibilities. I am equally concerned at the disregard for timeliness in the execution of these investigations, and note there is still a ''phantom investigation'' open for over a thousand days? There are also legitimate concerns with DoD IG's handling of sensitive case material and its' release to the media. There is something seriously amiss at DoD IG.

Finally, I wholeheartedly agree with my colleague Senator GRASSLEY—there needs to be an independent, in depth investigation into the Deputy IC for Administrative Investigations, Marguerite Garrison. I have substantial misgivings in the integrity, investigative practices, timeliness, and compliance under her leadership in this matter based on my review.

[From the Tampa Tribune, Apr. 24, 2016]

(By William H. McRaven)

When I was a young boy my father, a veteran of World War II and Korea, schooled me on the downfall of Gen. Douglas MacArthur. MacArthur, he explained, had overstepped his authority and shown blatant disrespect for the civilian leadership of the country. President Harry Truman relieved him of his command, and MacArthur retired soon thereafter.

Civilian rule of the military was one of the most fundamental principles of the armed forces. To believe differently was dangerous, my father told me. Dad strongly supported Truman's action, and he made me understand the value of the civil-military relationship—a lesson I never forgot.

But over the past decade I have seen a disturbing trend in how politicians abuse and denigrate military leadership, particularly the officer corps, to advance their political agendas. Although this is certainly not a new phenomenon, it seems to be growing in intensity. My concern is that if this trend of disrespect to the military continues it will undermine the strength of the officer corps to the point where good men and women will forgo service—or worse the ones serving will be reluctant to make hard decision for fear their actions, however justified, will be used against them in the political arena.

Take the recent case of Rear Adm. Brian Losey.

Adm. Losey is the commander of all Naval Special Warfare forces—the SEALs and Special Boat sailors. I have known Losey for more than 30 years. He is without a doubt one of the finest officers with whom I have ever served. Over the past 15 years no officer I know in the SEAL Teams has given more to this country than Brian. None. As a young officer he was constantly deployed away from his family. After 9/11, he was sent to Afghanistan in the early days to help fight the Taliban. From there, Losey participated in the final march to Baghdad and then stayed in country as a SEAL Task Unit Commander. Afterward he served as the deputy and then the commanding officer of SEAL Team Six during more tough fighting in Afghanistan.

Later he was posted to the White House in the Office of Combating Terrorism. He made rear admiral in 2009 while at the White House. He was subsequently sent back overseas to Djibouti, Africa, to do a 15-month isolated tour as the commander of all U.S. forces in the Horn of Africa. As a result of that successful tour, he was given command of Special Operations Command, Africa (SOCAFRICA).

SOCAFRICA was a relatively new command, which had been established to address the growing threat in North Africa. Located in the beautiful Swabian city of Stuttgart, Germany, it was initially staffed with military and civilian personnel from another nearby special operations unit. Although most of the men and women were incredibly capable, hard-working staffers, there was a small core who had been living in Europe for years enjoying the comfortable lifestyle in Stuttgart.

Upon Losey's arrival in Germany, the situation in North Africa changed dramatically, and the fledgling SOCAFRICA had to quickly get on wartime footing. Brian Losey did just that.

Losey is a no-nonsense officer who knows what it takes to get results. Combat is hard. Lives are at stake. Being genteel and considerate of everyone's feelings are not the qualities that will engender success. But although Losey can be a tough taskmaster, he is a ''by-the-book'' officer. Unfortunately for Losey, along the way to strengthening the command there were those who fought the change and through a series of whistleblower complaints sought to seek his removal.

At the time, I was the commander of the U.S. Special Operations Command in Tampa.

I worked with Gen. Carter Ham, who commanded U.S. Africa Command and had operational control of Adm. Losey, to investigate the complaints.

The investigation we initiated determined that Losey's leadership style, while brusque and demanding, did not warrant his removal. The Navy subsequently recommended Losey for two stars, and he was confirmed by the Senate in December 2011.

Although the Navy inspector general absolved Losey of any wrongdoing, his promotion was put on hold pending DOD inspector general resolution of the complaints. Nevertheless, the secretary of the Navy agreed to reassign Adm. Losey to the premier job in Naval Special Warfare—command of all the SEALs.

During the past three years as commander of Naval Special Warfare Command (WARCOM), his staff has consistently ranked WARCOM to be one of the best places to work in the Navy. He has passed all Navy IG inspections with flying colors, and the retention statics for his young officers and enlisted is exceptional.

However, in the course of those three years, the whistleblowers from Stuttgart continued to pursue Losey's removal and resignation, routinely submitting new complaints to prolong the process and hold up his promotion.

A series of DOD inspector general investigations were reviewed by the Navy leadership and, once again, Adm. Losey was found not to have violated any law, rule or policy. In fact, it was clear to the Navy that the personnel action taken by Losey against the complainants was not reprisal. He was recommended again for promotion to two stars.

Despite the Navy's multiple endorsements, certain members of Congress chose to use Losey's case to pursue their own political agenda. They held hostage other Navy nominations until Losey's promotion recommendation was rescinded. The ransom for their congressional support was Brian Losey's career and, more importantly, his stellar reputation.

Mr. WOODALL. Madam Speaker, folks wonder sometimes what kind of men and women serve in this Chamber. And when I am asked, What did you learn new, ROB, that you didn't expect when you got to Congress, I talk about the caliber of the men and women who serve here.

If you have not had any time to spend with the gentleman from Montana, the former commander at Navy SEAL Team 6 spent 20 years serving his country in the SEALs and said: I have more leadership to provide. I want to run for Congress because I want to be able to make a difference in that way.

And he is making that difference here every day.

Madam Speaker, there is so much time where we spend tearing each other down and talking about all the problems that exist in Washington, and certainly, they are multiple. But to confront serious problems, you have to have serious people; and we do have serious people in this Chamber. Congressman ZINKE is one of those, and I am proud to serve with him, and I appreciate his leadership.

Madam Speaker, I want to talk about another topic that I think lets people—again, we can talk about all the challenges that exist in this country, but figuring out what the problem is and who to blame for it should not be our primary goal. Our primary goal should be solving those problems.

Madam Speaker, I want to talk about unleashing America's economic potential, and I want to talk about the FairTax. You know about the FairTax. The FairTax is not two words, as you know. FairTax is one word.

FairTax is the name of a bill in Congress. Not many bills in Congress command the notoriety that FairTax does, but it is H.R. 25. Anybody can pull it from congress.gov and read it. It is short, about 100 pages.

But it says, for Pete's sake, Madam Speaker, if we are going to try to make America competitive in the world, if we are going to try to create American jobs, if we are going to try to make America the country that you follow, if we are going to make America that leader in the world, what are we going to do it on?

Madam Speaker, if you want to create more jobs in America, you could depress salaries. We could pay everybody pennies, as some nations do, and try to create more jobs. That is an awful plan. That is not the right way.

If we wanted to create more jobs in America, we could stop caring about clean water and clean air and just throw our environment out with the job creation. But that is not what we want to do. That is a terrible idea.

Madam Speaker, as we sit here today, one thing that all the men and women in this Chamber control is the United States Tax Code. And the United States Tax Code, time and time again, is rated as the single worst Tax Code on the planet, the single worst Tax Code on the planet.

Once a week, you can open up a newspaper, find a story of a company leaving America to pursue incorporation outside of America's borders so that they can face a lower tax rate. And folks say: Oh, how unpatriotic; what an awful thing to do.

Madam Speaker, I would tell you that the law of the land requires them to do that. The law of the land says if you are the board of directors of a publicly traded corporation, you have a fiduciary duty to maximize return to shareholders. If you are trying to incorporate in a company that is punishing you, and you can go to a country that rewards you, you must make that. It is not optional. It is required.

So we can either try to pass laws that trap companies here, or we can try to pass laws that encourage every Nation on the planet to locate here. The FairTax does exactly that.

Madam Speaker, let me tell you a little bit about what the FairTax does. It is a fair chance for every American family to build a better life.

We talk so much about the income tax in this Chamber, but the truth is that 80 percent of American families pay more in payroll taxes than they do in income taxes.

All the time we spend complaining about the IRS, complaining about the American Tax Code, the Income Tax Code, it is the payroll tax that is the largest tax burden that 80 percent of American families face.

If you are a millionaire, a billionaire, if you are running your own giant, megacorporation, you can accept your salary any way you want to. You can do it from capital gains, stock options. You can have your privately held company pay you dividends. You have your choice about how you receive your income and, depending on what the Tax Code punishes and encourages, you can manipulate your income accordingly.

Madam Speaker, but if you are the rank-and-file American middle class family, you don't have a choice. You don't have capital gains or dividends or stock options to choose from. You get a paycheck, and out of that paycheck, the government takes the first dollar, and it is 15.3 percent that the government takes in payroll taxes alone.

□ 1230

Now, Madam Speaker, payroll taxes are a valuable tool in this country. They fund the Medicare program, and they fund the Social Security program. These are two very important programs to America, but they are both threatened. The revenue stream for those two programs is insufficient to fund the demands on those programs. We have to find a better way.

The FairTax says: don't take the money out of an individual's paycheck. The power to tax is the power to destroy. When you tax productivity, you destroy productivity. Rather than taxing income, let's tax consumption.

We all wondered on April 15, Madam Speaker, what our neighbors paid in income taxes. Don't you wonder? Money magazine did a study one time. Fifteen different accountants worked on the same tax return, and they came up with 15 different answers. It was impossible to figure out which one was right, and none of those was the answer that Money magazine came up with for themselves. But you wonder what you are neighbor is paying, and you wonder if they are paying their fair share.

What the FairTax says is we are going to charge you not based on what you produce but what you consume.

So if you have a brand-new Mercedes sitting in your driveway, we think you ought to be able to help fund the American way of life. If you have a used Ford Festiva sitting in your driveway, maybe we ought to cut you some slack.

If you have just built yourself a new, 9-bedroom, 12-bathroom house, we think you ought to be able to afford to pay to help grow America. If you are a family of six living in a two-bedroom apartment, we think we ought to cut you some slack.

If you are working hard trying to improve your life, don't punish productivity, as today's Tax Code does; tax folks based on consumption. That is not a crazy idea, Madam Speaker. In fact, America is one of the only OECD countries, one of the only industrialized countries that doesn't have a consumption tax.

But America was founded on a consumption tax. That is exactly the way America began, saying that if you have enough money to import silver from Europe you ought to be able to pay the tax on that. It was excise taxes at that time. I am talking about a simple retail sales tax.

But people spend at different rates, Madam Speaker. People spend at different rates. What I have here—you can't see it; the print is going to be too small—but it is the relative tax rates of a two-adult, two-child household.

What the FairTax says is, listen, we all have basic expenses in our lives. If you are struggling and you are trying to make a better life for you and your family, you are going to have to buy your food, you are going to have to have an apartment, you are going to have some form of transportation, whether it is a car or riding public transportation, and you are going to have to have clothing. These are the basic necessities of life.

So we have created a system so that no American family pays retail sales taxes on those basic necessities. That is what we will call poverty-level spending. When you go above and beyond that, you begin to pay the taxes.

What that means, Madam Speaker, is that if you are earning $32,000 a year in that family of four, you are not paying a penny in taxes. Again, payroll tax is today the largest tax that American families pay. We are not asking you to pay a penny.

But if you are earning $50,000 a year, then you start to pay an effective rate of about 7½ percent. If you are earning $64,000, then it is about 11 percent, and on and on and on until you get all the way up to a 23-percent tax.

There are no exceptions, no deductions, and no exemptions. Everybody pays on everything after that poverty-level spending.

Again, Madam Speaker, if you can afford to have a boat and a new jet ski sitting in your driveway, then I think you can afford to help struggling families in America succeed. If you are one of those struggling families and you are saving every penny that you have because you want to send your child to college one day, then we ought to cut you some slack.

Madam Speaker, the FairTax was created by a group of economists, a group of public citizen activists, who said: If we started from scratch today, then what Tax Code would we write?

There is not a man or a woman in Congress, Madam Speaker, who believes that if we wrote a Tax Code today that we would write the one we have. The one we have is atrocious. It is atrocious.

What that does is it targets every individual working at the IRS. The IRS is the most vilified institution in this town. By moving the burden of taxation from income to consumption, the FairTax would close the IRS forever.

Madam Speaker, the problem with the IRS could be the occasional rogue man or woman that works there, but most of the men and women that work there are conscientious and hard-working civil servants charged with implementing the atrocious Tax Code that this Congress has passed.

Milton Friedman, the Nobel Prize-winning economist, said: The best way to escape this trap that we are in is to throw the whole thing out and start over from scratch. He is exactly right.

Madam Speaker, #PassTheFairTax is the way we are driving this particular debate. Imagine if working American families never, ever, ever had to deal with the IRS again. If you are a sophisticated business, you are going to collect that tax in sales taxes. You are going to have to deal with a State tax collector, and you are going to have to deal with an occasional Federal audit. But if you are a rank-and-file American family, you will never be threatened by the IRS again.

Madam Speaker, you know, as I do, we handle casework all the time from constituents being pushed around by the IRS, getting threatening letters from the IRS and having their home threatened by the IRS. Why? Because, despite their very best efforts, they messed up their tax return.

Money magazine hired 15 professional accounting groups to fill out a tax return. They all got different answers. But when an American family makes that same mistake, they are punished.

I want to close the IRS for good, Madam Speaker. I want to get folks out of the business of being threatened by their government. I don't think folks mind paying their fair share, but they would like a thank-you for paying their fair share, not a threatening letter from the IRS at the end of the day.

What are we talking about in terms of productivity, Madam Speaker? The Tax Code grows longer and longer and longer every year. The National Taxpayers Union this year, by this April 15, said that in this 1 year alone we spent 6.1 billion—billion—hours filling out tax returns, that we spent collectively $330 billion to comply—$330 billion to comply.

Madam Speaker, what would have happened to the economy if we had dedicated that $330 billion to economically productive activities? We could have dedicated that $330 billion to paying down the debt.

It is not just the $330 billion that we lose because we are spending it on taxes. Our Tax Code is so convoluted. The New York Times reported last month that $458 billion, almost one-half-trillion, go uncollected every year, sometimes through fraud, sometimes through deceit, and oftentimes just through an inability to understand the Tax Code and folks not reporting it properly. Collectively, we are talking about $1 trillion in lost productivity here in this country.

There are 11 million words of laws and regulations in the Tax Code. Madam Speaker, you know that you haven't read it. I haven't read it either. We are paying people to help us with our taxes; they haven't read it either. You call the IRS Help Line for help; they haven't read it either. Eleven million words, nobody has read it, and nobody understands it. We make a criminal out of every family in this Nation when we ask them to comply with it.

Madam Speaker, sadly, particularly over the last 2 years, we have been reading about abuses at the IRS, whether it is targeting groups based on what their conservative beliefs are, whether it is inappropriately leaking confidential information, selectively leaking that information to support one effort or another.

Madam Speaker, the IRS knows more about each and every one of us than many of us are willing to tell our children, and it is wrong. You cannot give that kind of power to an agency without having agency abuses.

We can close the IRS. We can get every American family out of the business of dealing with the IRS on April 15 by simply paying a retail sales tax when they shop at their local stores.

Madam Speaker, we are talking about igniting America's economy. We are talking about doing those things that encourage productivity, doing those things that encourage risk-taking, and doing those things on which America's economy was founded but many of which we have lost sight of in the past several years.

We can't avoid paying taxes. Death and taxes are certain. What we can do is make it easier, what we can do is make it more effective, and what we can do is make it less punishing.

We are having a debate right now, Madam Speaker, about what kind of new Tax Code to provide for America. I believe we are going to get there. I don't think we are going to get there this year. I think it is going to require some Presidential leadership. I think all the Presidential candidates remaining are talking about what they would do to change the Tax Code.

We all realize we are getting shellacked by the rest of the globe. All of our major trading partners are bringing their corporate rates down and down and down, creating the kind of corporate flight that we are talking about.

I don't want to talk about changing America's Tax Code so it fits in kind of the middle of the pack, so that we are kind of average with all of our peers around the globe. I would tell you, America has no peers around the globe. America is a leader around the globe. America stands alone around the globe, and America should lead the world with the single best Tax Code around the globe.

I don't want to lower wages, I don't want to impact environmental regulations, and I don't want to change those things that deliver value. I want to change those things that don't. And a complicated Tax Code benefits no one except lobbyists in Washington, D.C.

Madam Speaker, Americans for Fair Taxation, again, hired some of the best

economists we have in the land, who predicted that we could create 13 million more jobs—13 million more jobs—with a Tax Code that encouraged investment, that encouraged savings, and that got us out of the business of punishing productivity and into the business of rewarding.

Michael Boskin, the former chairman of the Council of Economic Advisers, Madam Speaker, said that the long-term gain to GDP from a consumption-based tax reform would be roughly 10 percent—a 10-percent change to GDP simply because we take away a punitive Tax Code and put in one that makes sense.

Madam Speaker, I don't know about families in your district; families in my district can't wait. Families in my district don't think the economy is going so great that it is okay if we shave off 10 percent at the top. We can do better and we must.

''Long-run GDP per capita would be 9.7-percent higher under a national sales tax,'' says Alan Auerbach at the University of California, Berkeley.

Time and time again, economists from the left and economists from the right come to the same conclusion: the power to tax is the power to destroy. Taxing income punishes and destroys productivity.

''Near-term 9- to 13-percent increase in the GDP,'' says Dale Jorgenson, the former chairman of the economics department at Harvard University.

There is a reason all of these different economists come together around the same figure, Madam Speaker, again, from the left and from the right. We have an opportunity to do better, if only we will agree.

Madam Speaker, it is #PassTheFairTax. The FairTax has more cosponsors—again, it is H.R. 25—more cosponsors than any other fundamental tax reform in this institution. On the Senate side, it has more cosponsors than any other fundamental tax reform bill on the Senate side.

Madam Speaker, the FairTax has supporters in every State across the Nation. It is not coming out of Washington, D.C.

Passing the FairTax would take away so much of the power that this town can exercise over people. We will give you a tax credit for buying an electric car, we will give you a tax credit for buying a windmill, we will give you a tax credit for having more children, and we will give you a tax credit for this, that, and the other. With the FairTax, all of those exceptions and exemptions go away. Hear that.

I started telling you about the amazing men and women who serve in this Chamber, folks who come to work every day to try to build a better America in cooperation with their bosses, their constituents back home.

We talk so often about how the Washington culture creates all these exceptions and exemptions and somebody is benefiting from it and somebody is getting paid off for it. Nonsense.

There is one bill in this Chamber that abolishes every single special-interest exception, exemption, carveout, and credit in the entire United States Tax Code. That bill is the FairTax, and that bill has more support in this Chamber than any other fundamental tax reform bill in Congress.

Madam Speaker, we have an opportunity to do this together. We have an opportunity to build a better economy together. We have an opportunity to take the IRS out of every single one of our constituents' lives forever.

It is going to take a lot of courage. It is going to take a lot of courage to abolish all of those exceptions and exemptions. It is going to take a lot of courage to hit the reset clock on the American Tax Code. It is going to take a lot of courage to get out of the business of trying to be mediocre with the rest of the world and kind of settle right there in the middle and to move from the very worst Tax Code on the planet to the very best Tax Code on the planet.

Worst to first, Madam Speaker. That is what the FairTax offers. I ask the support from each and every one of my colleagues that has not yet cosponsored this bill.

With that, Madam Speaker, I yield back the balance of my time.

□ 1245

APPOINTMENT OF INDIVIDUALS TO COMMISSION ON INTERNATIONAL RELIGIOUS FREEDOM

The SPEAKER pro tempore. The Chair announces the Speaker's appointment pursuant to section 201(b) of the International Religious Freedom Act of 1998 (22 U.S.C. 6431) and the order of the House of January 6, 2015, of the following individuals on the part of the House to the Commission on International Religious Freedom for a term effective May 14, 2016, and ending May 14, 2018:

Mr. Daniel I. Mark, Villanova, Pennsylvania

Ms. Kristina Arriaga, Alexandria, Virginia, to succeed Dr. Robert P. George

GREAT AMERICAN BATHROOM CONTROVERSY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentleman from Florida (Mr. GRAYSON) is recognized for 60 minutes as the designee of the minority leader.

Mr. GRAYSON. Madam Speaker, I rise today to address the great American bathroom controversy.

On my right, this is a picture of someone who may or may not be recognizable to many Americans today. I will say her name. The name may be more recognizable to some. Her name is Christine Jorgensen.

Christine Jorgensen was born in 1926. She grew up in the Bronx, like I did. She went to high school at Christopher Columbus High School, which was near the public housing where I grew up in the Bronx. In fact, my father taught history at Christopher Columbus High School. I don't know whether he taught Christine or not, but it is possible.

In 1945, Christine was drafted and served in the U.S. military. Now, that may be a puzzle for some of you listening to me right now who say: I didn't realize that women were drafted in the 1940s. Well, at that time, Christine's name was George, George Jorgensen. That is the name she was born with.

She was, in fact, on her birth certificate male, something that she struggled with greatly all through the time that she was growing up—being a male—something that she struggled with being in the military, and then after leaving military service.

In 1951, she heard about the possibility of changing her gender. So she went to Denmark and underwent three or more surgeries, plus a very substantial amount of estrogen treatments, came back to the United States, and then forever thereafter, after 1953, was known as Christine Jorgensen.

Christine Jorgensen was out. She was well known in America as someone who was transgendered. I knew about her story when I was growing up in the 1960s and 1970s. She made no effort to hide. She didn't feel any shame about it.

In fact, she was proud of the fact that she had been able to take advantage of what medicine had to offer and live the life that she felt she would have been able to live from the beginning if she had the proper gender.

She had some degree of fame. Republican Vice President Spiro Agnew referred to her once in a speech to mock one of his political opponents. She performed both as a singer and as an actress all through the 1950s, through the entire 1960s, and well into the 1970s. She was the most famous, if you will, transgendered person in America probably to this day.

Now, I have to tell you I don't know exactly where she went when she had to go. I don't know exactly whether she went into a men's room or a ladies' room. But here is an interesting thing. Even though this is something new under the Sun, even though America never had to address this issue before, no one ever even bothered to ask.

I don't remember anybody saying ''Christine Jorgensen ought to go to the men's room. She was born a male'' or, for that matter, ''Christine Jorgensen identifies as a female. She should go to the ladies' room.''

Isn't it odd that America in the 1950s seems to have shown a lot more maturity than America is showing today with our great bathroom controversy right now, where the cisgendered people of America try to dictate to the transgendered people of America where

they can go to the bathroom, or, at least, frankly, the more bigoted among us.

Now, we had a law passed recently in North Carolina. I am going to go out on a limb and say that it passed almost exclusively with cisgendered Republican votes in which they tried to dictate which bathroom Christine Jorgensen would have to go to if she were alive today and had to relieve herself.

Amazingly enough, they actually decided in their wisdom that Christine Jorgensen, if she were alive today, like all of her transgendered brothers and sisters, would have to go to the bathroom that she didn't identify as but, instead, the bathroom that was on her birth certificate.

Now, this is particularly ironic. There was one form of discrimination that Christine Jorgensen did actually face during her lifetime. She was not allowed to get married.

She was not allowed to get married to a man because her birth certificate said she was a male. She was not issued a marriage license on account of the fact that a male was trying to marry a male.

Well, my goodness, here in America, just in the past 12 months or so, we finally managed to solve that problem. Christine Jorgensen could get married today to her lover.

Now we have a whole new problem. Now, thanks to Republicans and bigots in North Carolina, we have a law that would require Christine Jorgensen to go to the men's room. Think about that. Think about that. In fact, the natural consequence of that law is what I am about to show you right here. That.

So you folks in North Carolina who are obsessed with where the transgendered go to the bathroom, this is the result you have come up with, to have people who self-identify as women, people who look like women, people who act like women—they somehow are being driven into the men's room.

The same thing is true of the transgendered who identify as men. You are going to force people who look like men, act like men, identify as men—you are going to force them into the ladies' room. My God, what is wrong with you? That doesn't make any sense at all.

Now, let me tell you something. If I had been back in the day growing up in New York and Christine Jorgensen happened to walk into the men's room—it never happened, but let's say it did—I would have thought that is odd, but I wouldn't have said a word about it.

I wouldn't have gone over to her and said to her: Excuse me. I don't think you are supposed to be here. On the contrary. I would have just made an appropriate mental note, assumed that she probably found herself in the wrong men's room, and I would have let it go.

I would not have felt any fear. I would not have felt any hatred. I would not have felt anything that would indicate to me that somehow I should discriminate against this person. Nevertheless, I would have thought it was odd.

What this law does is guarantee that experience or, worse, to have people who identify and look and dress and act like women forced to go into a men's room, to have people who identify and look and act and dress as men forced to go into a ladies' room. Are you nuts?

Listen, I have heard that the Republican Party is the party of small government. I have also heard that, on the issue of abortion, the party of small government wants government small enough to fit into a woman's uterus. Now it turns out that the party of small government wants government small enough to fit underneath a toilet seat.

Can't we all be adults about this? Can't we all be adults about this, the way we were in the 1960s and 1970s and 1980s? Do we really need a new law on this subject, much less a stupid law, a bad law, a ridiculous law?

I understand that it is possible, even in the absence of this law, that there might be some conceivable problems about this kind of situation. I am not sure exactly what they are. I am pretty sure that, if everybody exactly acted as an adult, we could get beyond them without having to litigate over it.

I am wondering how you even enforce a law like this. What are we going to do? Have to give saliva samples every time we want to go to the bathroom to see what gender we were born with? My goodness.

Bear in mind that there is a law against loitering. There is a law against wide stances in a bathroom. A Republican Senator learned that a few years ago. There is a law against disorderly conduct. There is a law against voyeurism. There is a law against indecent exposure. In fact, in a really bad situation, there are laws against assault and even rape.

So why do we need a law to dictate that people who identify as men have to go to the ladies' room and people who identify as ladies have to go to the men's room?

We had laws like that once. We used to say that we didn't want White people to have to be uncomfortable going to the room with Black people. I represent part of the State of Florida. I can remember when we had laws like that. And then somehow or another we pulled ourselves together and we realized how ridiculous that was.

Well, how is this any different? Thank goodness the Attorney General recognizes that it is not. People who are cisgendered have no right to dictate where people who are transgendered urinate any more than people who are White have the right to dictate where people who are Black do it. That is not America. Let's show some common sense.

Now, if we did actually want to deal with real problems, we could deal with this one. A little boy and a little girl, both looking into their diapers, and the caption is: Oh, that explains the difference in our wages.

Now, if you want to talk about gender in America in the early 21st century, we could start with that. Why is it that women still make only 79 cents for every dollar that a man makes in countless occupations and professions even today? Why is that?

If you want to get to the heart of what is really going on between the sexes in America today, why don't we do something to address that problem?

And if we want to be more dramatic about it, let's remember the fact that, in America today, 91 percent of the victims of rape are women. Could we take our legislative energy and possibly apply it toward dealing with that problem, which actually is a problem that affects countless women across the country?

Let's not protect them from having to go to the same bathroom as a transgendered person by insisting that people who look and act and identify as men go to the bathroom with them.

Let's instead try to pass wise laws that would equalize pay between men and women, oh, and if we possibly could, reduce the incidence, the terrible incidence, of rape.

But getting back to this North Carolina law, there is a deep legal principle that this law offends. It offends me and it offends a lot of people with a good conscience.

That deep legal principle is this. It goes by four letters: M-Y-O-B. That is an even higher law than the law that was passed by the North Carolina legislature. MYOB: Mind your own business.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. KNIGHT (at the request of Mr. MCCARTHY) for today on account of obligations in the district.

Mr. LATTA (at the request of Mr. MCCARTHY) for Tuesday, May 10, through Friday, May 13, on account of the passing of his father.

Mr. PAYNE (at the request of Ms. PELOSI) for today on account of meetings in district.

ADJOURNMENT

Mr. GRAYSON. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 1 p.m.), under its previous order, the House adjourned until Monday, May 16, 2016, at noon for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5334. A letter from the Deputy Secretary, Commodity Futures Trading Commission, transmitting the Commission's final rule — Amendments to the Definitions of ''Portfolio Reconciliation'' and ''Material Terms'' for Purposes of Swap Portfolio Reconciliation (RIN: 3038-AE17) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

5335. A letter from the Deputy Director, Financial Crimes Enforcement Network, Department of the Treasury, transmitting the Department's Major final rules — Customer Due Diligence Requirements for Financial Institutions (RIN: 1506-AB25) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

5336. A letter from the Assistant Secretary of Labor for Occupational Safety and Health, Occupational Safety and Health Administration, Department of Labor, transmitting the Department's Major final rule — Improve Tracking of Workplace Injuries and Illnesses [Docket No.: OSHA-2013-0023] (RIN: 1218-AC49) received May 12, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and the Workforce.

5337. A letter from the Deputy Assistant Administrator, Office of Diversion Control, DEA, Department of Justice, transmitting the Department's final rule — Schedules of Controlled Substances: Placement of UR-144, XLR11, and AKB48 into Schedule I [Docket No.: DEA-417] received May 12, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5338. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Oregon: Interstate Transport of Lead and Nitrogen Dioxide [EPA-R10-OAR-2016-0050; FRL-9946-39-Region 10] received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5339. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Approval of California Air Plan Revisions, Eastern Kern Air Pollution Control District [EPA-R09-OAR-2016-0070; FRL-9945-24-Region 9] received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5340. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Withdrawal of Approval and Disapproval of Air Quality Implementation Plans; California; San Joaquin Valley; Contingency Measures for the 1997 PM2.5 Standards [EPA-R09-OAR-2013-0534; FRL-9946-29-Region 9] received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5341. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Significant New Use Rules on Certain Chemical Substances [EPA-HQ-OPPT-2015-0810; FRL-9944-77] (RIN: 2070-AB27) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5342. A letter from the Director, Office of Congressional Affairs, Nuclear Reactor Regulation, Nuclear Regulatory Commission, transmitting the Commission's final evaluation of vendor submittal — Final Safety Evaluation by the Office of Nuclear Reactor Regulation for Topical Report WCAP-17096-NP, Revision 2 ''Reactor Internals Acceptance Criteria Methodology and Data Requirements'' Project No. 669 received May 12, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5343. A letter from the Attorney-Adviser, Office of the Legal Adviser, Department of State, transmitting the Department's final rule — Public Access to Information [Public Notice: 9510] (RIN: 1400-AD44) received May 12, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Foreign Affairs.

5344. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, Office of Sustainable Fisheries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Reef Fish Fishery of the Gulf of Mexico; Red Snapper Management Measures; Amendment 28 [Docket No.: 130919819-6040-02] (RIN: 0648-BD68) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5345. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Atlantic Highly Migratory Species; Commercial Blacktip Sharks, Aggregated Large Coastal Sharks and Hammerhead Sharks in the Western Gulf of Mexico Sub-Region [Docket No.: 150413357-5999-02] (RIN: 0648-XE484) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5346. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone off Alaska; Exchange of Flatfish in the Bering Sea and Aleutian Islands Management Area [Docket No.: 150916863-6211-02] (RIN: 0648-XE558) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5347. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; 2016 Commercial Accountability Measure and Closure for South Atlantic Gray Triggerfish; January Through June Season [Docket No.: 141107936-5399-02] (RIN: 0648-XE526) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5348. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Act Provisions; Fisheries off West Coast States; Biennial Specifications and Management Measures; Inseason Adjustments [Docket No.: 140904754-5188-02] (RIN: 0648-BF92) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5349. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; 2016 Commercial Accountability Measure and Closure for South Atlantic Vermilion Snapper [Docket No.: 130312235-3658-02] (RIN: 0648-XE506) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5350. A letter from the Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Economic Exclusive Zone Off Alaska; Deep-Water Species Fishery by Vessels Using Trawl Gear in the Gulf of Alaska [Docket No.: 140918791-4999-02] (RIN: 0648-XE516) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5351. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; 2016 Commercial Accountability Measure and Closure for Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic [Docket No.: 001005281-0369-02] (RIN: 0648-XE533) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5352. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Snapper-Grouper Resources of the South Atlantic; 2016-2017 Recreational Fishing Season for Black Sea Bass [Docket No.: 130403320-4891-02] (RIN: 0648-XE542) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5353. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 610 in the Gulf of Alaska [Docket No.: 150818742-6210-02] (RIN: 0648-XE543) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

5354. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Atlantic Highly Migratory Species; Atlantic Bluefin Tuna Fisheries [Docket No.: 150121066-5717-02] (RIN: 0648-XE566) received May 11, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. MCCAUL: Committee on Homeland Security. H.R. 4743. A bill to authorize the Secretary of Homeland Security to establish a National Cybersecurity Preparedness Consortium, and for other purposes; with an amendment (Rept. 114–565). Referred to the Committee of the Whole House on the state of the Union.

Mr. MCCAUL: Committee on Homeland Security. H.R. 4780. A bill to require the Secretary of Homeland Security to develop a

comprehensive strategy for Department of Homeland Security operations abroad, and for other purposes; with an amendment (Rept. 114–566). Referred to the Committee of the Whole House on the state of the Union.

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 3832. A bill to amend the Internal Revenue Code of 1986 to prevent tax-related identity theft and tax fraud, and for other purposes; with an amendment (Rept. 114–567, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, Committee on the Judiciary discharged from further consideration. H.R. 3832 referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. NEUGEBAUER:

H.R. 5223. A bill to deauthorize the Salt Creek project in Graham, Texas; to the Committee on Transportation and Infrastructure.

By Mr. BABIN (for himself, Mr. STEWART, Mr. WOODALL, Mr. WEBER of Texas, Mr. ROE of Tennessee, Mr. POSEY, Mr. WALKER, Mr. STUTZMAN, Mrs. BLACKBURN, Mr. MCCLINTOCK, Mr. SESSIONS, Mr. DESJARLAIS, Mr. HARRIS, Mr. GROTHMAN, Mr. ZINKE, Mr. SMITH of Texas, Mr. BURGESS, Mr. YOHO, Mr. OLSON, Mr. SMITH of Missouri, and Mr. MULLIN):

H.R. 5224. A bill to withhold Federal financial assistance from each country that denies or unreasonably delays the acceptance of nationals of such country who have been ordered removed from the United States and to prohibit the issuance of visas to nationals of such country; to the Committee on Foreign Affairs, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. WEBER of Texas (for himself, Mr. VELA, Mr. CUELLAR, Mr. FARENTHOLD, Mr. SESSIONS, Mr. SAM JOHNSON of Texas, Mr. BARTON, Mr. SMITH of Texas, Mr. MARCHANT, Mr. WILLIAMS, Mr. BABIN, Mr. AL GREEN of Texas, Ms. GRANGER, Mr. GENE GREEN of Texas, Mr. POE of Texas, Mr. CULBERSON, Mr. GOHMERT, and Mr. OLSON):

H.R. 5225. A bill to streamline certain feasibility studies and avoid duplication of effort; to the Committee on Transportation and Infrastructure.

By Mr. WALBERG (for himself and Mr. NEWHOUSE):

H.R. 5226. A bill to amend chapter 3 of title 5, United States Code, to require the publication of information relating to pending agency regulatory actions, and for other purposes; to the Committee on Oversight and Government Reform.

By Mrs. MILLER of Michigan (for herself, Mr. BRADY of Pennsylvania, and Mr. HARPER):

H.R. 5227. A bill to authorize the National Library Service for the Blind and Physically Handicapped to provide playback equipment in all forms, to establish a National Collection Stewardship Fund for the processing and storage of collection materials of the Library of Congress, and to provide for the continuation of service of returning members of Joint Committee on the Library at beginning of a Congress; to the Committee on House Administration, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BENISHEK (for himself, Mr. HUIZENGA of Michigan, Mr. AMASH, Mr. MOOLENAAR, Mr. KILDEE, Mr. UPTON, Mr. WALBERG, Mr. BISHOP of Michigan, Mr. LEVIN, Mrs. MILLER of Michigan, Mr. TROTT, Mrs. DINGELL, Mr. CONYERS, and Mrs. LAWRENCE):

H.R. 5228. A bill to designate the Department of Veterans Affairs community-based outpatient clinic in Traverse City, Michigan, as the ''Colonel Demas T. Craw VA Clinic''; to the Committee on Veterans' Affairs.

By Mr. TAKANO (for himself and Mrs. RADEWAGEN):

H.R. 5229. A bill to direct the Secretary of Veterans Affairs to carry out a study to evaluate the effectiveness of programs, especially in regards to women veterans and minority veterans, in transitioning to civilian life, and for other purposes; to the Committee on Veterans' Affairs.

By Mrs. BLACKBURN (for herself and Mr. VEASEY):

H.R. 5230. A bill to prohibit pyramid promotional schemes, and for other purposes; to the Committee on Energy and Commerce.

By Mr. BOST:

H.R. 5231. A bill to require the Secretary of Veterans Affairs to provide for the inspection of kitchens and food service areas at medical facilities of the Department of Veterans Affairs to ensure that the same standards for kitchens and food service areas at hospitals in the private sector are being met at kitchens and food service areas at medical facilities of the Department; to the Committee on Veterans' Affairs.

By Ms. DELAURO (for herself and Ms. LEE):

H.R. 5232. A bill to amend the Internal Revenue Code of 1986 to protect children's health by denying any deduction for advertising and marketing directed at children to promote the consumption of food of poor nutritional quality; to the Committee on Ways and Means, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MEADOWS:

H.R. 5233. A bill to repeal the Local Budget Autonomy Amendment Act of 2012, to amend the District of Columbia Home Rule Act to clarify the respective roles of the District government and Congress in the local budget process of the District government, and for other purposes; to the Committee on Oversight and Government Reform.

By Ms. JUDY CHU of California (for herself and Mrs. NAPOLITANO):

H.R. 5234. A bill to amend the Public Health Service Act to provide for behavioral and mental health outreach and education strategies to reduce stigma associated with mental health among the Asian American, Native Hawaiian, and Pacific Islander population; to the Committee on Energy and Commerce.

By Mr. DESAULNIER:

H.R. 5235. A bill to designate the facility of the United States Postal Service located at 1025 Nevin Avenue in Richmond, California, as the ''Harold D. McCraw, Sr. Post Office Building''; to the Committee on Oversight and Government Reform.

By Ms. ESHOO:

H.R. 5236. A bill to direct the Federal Communications Commission to adopt rules to ensure the accuracy of call location information for 9-1-1 calls, and for other purposes; to the Committee on Energy and Commerce.

By Ms. JENKINS of Kansas:

H.R. 5237. A bill to amend the Fair Labor Standards Act of 1938 to strengthen equal pay requirements; to the Committee on Education and the Workforce.

By Mr. LEWIS:

H.R. 5238. A bill to amend the Internal Revenue Code of 1986 to provide an income tax credit for the costs of certain infertility treatments, and for other purposes; to the Committee on Ways and Means.

By Mr. MCNERNEY:

H.R. 5239. A bill to amend the Federal Trade Commission Act to permit the Federal Trade Commission to enforce such Act against certain common carriers; to the Committee on Energy and Commerce.

By Mrs. NOEM (for herself, Mr. PASCRELL, Mr. PETERSON, Mr. LOEBSACK, Mr. SMITH of Nebraska, Mr. BLUM, and Mr. SMITH of Missouri):

H.R. 5240. A bill to amend the Internal Revenue Code of 1986 to modify the incentives for biodiesel; to the Committee on Ways and Means.

By Mr. RUIZ:

H.R. 5241. A bill to amend title XVIII of the Social Security Act to distribute additional information to Medicare beneficiaries to prevent health care fraud, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SALMON:

H.R. 5242. A bill to prohibit Executive agencies from using funds for yoga classes or instruction, and for other purposes; to the Committee on Oversight and Government Reform.

By Ms. ROS-LEHTINEN (for herself, Mr. DEUTCH, Ms. GRANGER, and Mrs. LOWEY):

H. Res. 729. A resolution expressing support for the expeditious consideration and finalization of a new, robust, and long-term Memorandum of Understanding on military assistance to Israel between the United States Government and the Government of Israel; to the Committee on Foreign Affairs.

By Mrs. BLACK (for herself, Ms. SEWELL of Alabama, Mr. PETERS, Mr. HASTINGS, Mrs. NAPOLITANO, Mr. BYRNE, Mr. FLEISCHMANN, Mr. WEBER of Texas, Ms. HAHN, Mr. CICILLINE, Mr. ADERHOLT, Mr. ROE of Tennessee, and Ms. CLARK of Massachusetts):

H. Res. 730. A resolution expressing the sense of the House of Representatives regarding the important role of the health care industry in identifying victims of sex trafficking; to the Committee on Energy and Commerce.

MEMORIALS

Under clause 3 of rule XII,

220. The SPEAKER presented a memorial of the General Assembly of the State of Tennessee, relative to House Joint Resolution No. 528, affirming Tennessee's sovereignty under the Tenth Amendment to the Constitution of the United States over all powers not otherwise enumerated and granted to the federal government by the Constitution of the United States; which was referred to the Committee on the Judiciary.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. NEUGEBAUER:
H.R. 5223.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 1 of the U.S. Constitution, under the General Welfare Clause

By Mr. BABIN:
H.R. 5224.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 4 & Article I, Section 8, Clause 18

By Mr. WEBER of Texas:
H.R. 5225.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3
The Congress shall have Power to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.
Article I, Section 8, Clause 1
The Congress shall have Power to lay and collect Taxes, Duties, Imposts, and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mr. WALBERG:
H.R. 5226.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3 of the Constitution of the United States; the power to regulate commerce among the several states and Article I, Section 8, Clause 18 to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers.
The bill will prevent Executive Agencies from violating the rule and spirit of the Administrative Procedures Act by requiring additional transparency about public communications made by the agencies; most importantly communications made with the intent of artificially promoting support for pending regulatory actions. Congress has the authority to limit regulations by the Executive branch under its Commerce Clause power and it is necessary and proper to introduce legislation to effectively carryout this power.

By Mrs. MILLER of Michigan:
H.R. 5227.
Congress has the power to enact this legislation pursuant to the following:
Article 1. Section 8. The Congress shall have Power . . . To exercise exclusive Legislation in all Case whatsoever, over such District (not exceeding ten Miles square) as may, by Cession of particular States, and acceptance of Congress, become the Seat of the Government of the United States, and to exercise like Authroity over all Places purchased by the Consent of the Legislature of the State in which the Same shall be, for the Erection of Forts, Magazines, Arsenals, dock-yards, and other needful Buildings;

By Mr. BENISHEK:
H.R. 5228.
Congress has the power to enact this legislation pursuant to the following:
United States Constitution, Article I, Section 8.

By Mr. TAKANO:
H.R. 5229.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the Constitution of the United States.

By Mrs. BLACKBURN:
H.R. 5230.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. BOST:
H.R. 5231.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.

By Ms. DELAURO:
H.R. 5232.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3 of the United States Constitution and Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. MEADOWS:
H.R. 5233.
Congress has the power to enact this legislation pursuant to the following:
Pursuant to Article I, Section 8, Clause 17 of the Constitution, Congress has the authority ''to exercise exclusive Legislation in all Cases whatsoever, over such District (not exceeding ten Miles square) as may, by Cession of particular States, and the Accpetance of Congress, become the Seat of the Government of the United States . . . ''

By Ms. JUDY CHU of California:
H.R. 5234.
Congress has the power to enact this legislation pursuant to the following:
Clause 1 of Section 8 of Article 1 of teh United States Constitution

By Mr. DESAULNIER:
H.R. 5235.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 3

By Ms. ESHOO:
H.R. 5236.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3

By Ms. JENKINS of Kansas:
H.R. 5237.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3 of the United States Constitution and Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. LEWIS:
H.R. 5238.
Congress has the power to enact this legislation pursuant to the following:
This bill is enacted pursuant to the power granted to Congress under Article I of the United States Constitution and its subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.

By Mr. MCNERNEY:
H.R. 5239.
Congress has the power to enact this legislation pursuant to the following:
Article I, section 8 of the United States Constitution.

By Mrs. NOEM:
H.R. 5240.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 1: The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts, and Excises shall be uniform throughout the United States;

By Mr. RUIZ:
H.R. 5241.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8 of the United States Constitution.

By Mr. SALMON:
H.R. 5242.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 9, Clause 7—''No money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law; and a regular Statement and Account of the Receipts and Expenditures of all public Money shall be published from time to time.''

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 242: Ms. ESHOO.
H.R. 430: Mr. HASTINGS.
H.R. 535: Mr. KIND.
H.R. 546: Mr. TAKANO.
H.R. 662: Mr. KELLY of Mississippi.
H.R. 711: Mr. FITZPATRICK.
H.R. 816: Mr. MARINO.
H.R. 923: Mr. MULLIN, Mr. CONAWAY, and Mr. MCCLINTOCK.
H.R. 971: Mr. SMITH of New Jersey.
H.R. 973: Mr. BRADY of Pennsylvania.
H.R. 986: Mr. TROTT.
H.R. 1062: Mr. GRAVES of Georgia.
H.R. 1197: Mr. HECK of Nevada.
H.R. 1252: Mr. SMITH of Washington.
H.R. 1255: Mr. SMITH of Washington.
H.R. 1342: Ms. JUDY CHU of California.
H.R. 1399: Ms. EDWARDS, Ms. FUDGE, and Miss RICE of New York.
H.R. 1519: Mr. FOSTER.
H.R. 1559: Mr. ROUZER.
H.R. 1586: Mr. PETERS.
H.R. 1769: Mr. WALDEN, Mrs. MILLER of Michigan, and Mr. YOUNG of Alaska.
H.R. 1962: Ms. NORTON.
H.R. 1963: Mr. RUSH.
H.R. 2058: Mr. WESTERMAN.
H.R. 2101: Mr. HIMES.
H.R. 2173: Mr. VEASEY, Mr. HASTINGS, Mr. DEFAZIO, and Ms. ESTY.
H.R. 2315: Mr. GUINTA.
H.R. 2368: Mr. RUSH, Mr. CROWLEY, Mr. MEEKS, Mr. QUIGLEY, Ms. EDWARDS, and Mr. HASTINGS.
H.R. 2434: Mr. LONG, Ms. SINEMA, and Mr. REICHERT.
H.R. 2597: Mr. THOMPSON of California.
H.R. 2656: Ms. STEFANIK.
H.R. 2657: Mr. HONDA, Mr. POLIS, and Mr. KING of New York.
H.R. 2726: Mr. MCCAUL.
H.R. 2793: Mrs. BLACKBURN.
H.R. 2962: Mr. RUPPERSBERGER and Mr. QUIGLEY.
H.R. 3080: Mr. LONG.
H.R. 3119: Mr. ZELDIN and Ms. TSONGAS.
H.R. 3229: Mr. ASHFORD and Ms. LOFGREN.
H.R. 3237: Mr. QUIGLEY.
H.R. 3286: Ms. ESTY.
H.R. 3297: Mr. FARENTHOLD.
H.R. 3308: Mr. YOHO.
H.R. 3381: Mr. KILDEE, Mr. CUELLAR, Mr. BILIRAKIS, Ms. BONAMICI, and Mr. GROTHMAN.
H.R. 3514: Mr. DEUTCH, Mr. DEFAZIO, Mr. DANNY K. DAVIS of Illinois, and Mr. GALLEGO.
H.R. 3632: Mr. WELCH.
H.R. 3673: Mr. MCKINLEY and Mr. SENSENBRENNER.
H.R. 3684: Mr. HECK of Nevada.
H.R. 3799: Mrs. MCMORRIS RODGERS and Mr. GRIFFITH.
H.R. 3832: Mr. HECK of Nevada.
H.R. 3861: Mr. BRAT and Mr. ELLISON.

H.R. 3917: Mr. RUIZ.
H.R. 4006: Mr. GOSAR.
H.R. 4013: Mr. DANNY K. DAVIS of Illinois.
H.R. 4055: Mr. MURPHY of Florida, Mr. JEFFRIES, and Mr. PRICE of North Carolina.
H.R. 4062: Mr. HUELSKAMP.
H.R. 4065: Mr. BILIRAKIS and Ms. ROS-LEHTINEN.
H.R. 4165: Mr. GARAMENDI and Mr. RICHMOND.
H.R. 4166: Mr. GUINTA, Mr. HUIZENGA of Michigan, Mrs. WAGNER, Mr. MARCHANT, Mr. STIVERS, and Mr. MCHENRY.
H.R. 4184: Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. LEE, Mr. RUSH, and Mr. LOWENTHAL.
H.R. 4283: Mr. DESAULNIER.
H.R. 4428: Mr. WITTMAN.
H.R. 4447: Mr. POCAN and Ms. DUCKWORTH.
H.R. 4499: Mrs. BROOKS of Indiana.
H.R. 4513: Mr. ROONEY of Florida.
H.R. 4554: Mr. KILMER.
H.R. 4591: Ms. JENKINS of Kansas.
H.R. 4613: Ms. CLARKE of New York.
H.R. 4615: Mr. LAMALFA, Mrs. KIRKPATRICK, and Mr. VARGAS.
H.R. 4625: Mr. SMITH of New Jersey.
H.R. 4626: Mr. SMITH of Washington, Mr. GUTIÉRREZ, Mr. HUIZENGA of Michigan, Ms. DUCKWORTH, Mr. ROONEY of Florida, and Mr. HARRIS.
H.R. 4653: Mr. CUMMINGS.
H.R. 4695: Mr. AMODEI.
H.R. 4715: Mr. WOMACK, Mr. RIBBLE, Mr. DANNY K. DAVIS of Illinois, and Mr. BOST.
H.R. 4764: Ms. TITUS.
H.R. 4766: Mr. PEARCE.
H.R. 4768: Mr. MCHENRY, Mr. DUNCAN of South Carolina, Mr. GUINTA, and Mr. RODNEY DAVIS of Illinois.
H.R. 4773: Mr. DOLD, Mr. RODNEY DAVIS of Illinois, Ms. HERRERA BEUTLER, and Mr. REED.
H.R. 4813: Mr. GARRETT.
H.R. 4849: Mr. MCCLINTOCK.
H.R. 4879: Mr. VEASEY, Ms. MOORE, Ms. WILSON of Florida, Mr. RUSH, Ms. ADAMS, Ms. VELÁZQUEZ, Mr. KENNEDY, Mr. CROWLEY, Ms. DEGETTE, Ms. JACKSON LEE, Ms. DELAURO, Mr. CONNOLLY, and Mr. KILMER.
H.R. 4893: Mr. FITZPATRICK, Mrs. BEATTY, Mr. HECK of Nevada, Mr. RENACCI, Mr. HUELSKAMP, Ms. DUCKWORTH, Mr. FARR, Mrs. COMSTOCK, and Ms. DELAURO.
H.R. 4941: Mr. MCCLINTOCK.
H.R. 4954: Mrs. TORRES, Mr. TAKANO, Mr. TONKO, Mr. RUSH, Mr. WELCH, Ms. MOORE, Mr. HASTINGS, Ms. MATSUI, Mr. GRIJALVA, and Mr. DESAULNIER.
H.R. 4955: Mrs. NOEM and Mr. LAHOOD.
H.R. 4965: Mr. HASTINGS.
H.R. 4966: Mr. HASTINGS.
H.R. 4980: Mr. ROKITA and Mr. MCCLINTOCK.
H.R. 4989: Mr. KIND.
H.R. 4992: Mr. BRAT.
H.R. 5001: Ms. MCSALLY.
H.R. 5025: Mr. BECERRA, Mr. WEBER of Texas, Mr. BRADY of Texas, Mr. POE of Texas, and Mr. GRIJALVA.
H.R. 5035: Mr. MCCLINTOCK.
H.R. 5047: Mr. NEWHOUSE.
H.R. 5073: Mr. DEUTCH, Mr. COURTNEY, Mr. MICA, Mr. PERLMUTTER, and Mr. Yarmuth.
H.R. 5094: Mr. MURPHY of Pennsylvania, Mr. RUSH, Mr. BURGESS, Mr. SHERMAN, Mr. POE of Texas, Ms. KELLY of Illinois, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. QUIGLEY, and Mr. HIGGINS.
H.R. 5143: Mr. LOUDERMILK and Mr. PITTENGER.
H.R. 5166: Mr. GRAYSON, Mrs. LAWRENCE, and Mr. MULVANEY.
H.R. 5170: Mr. POLIS.
H.R. 5190: Mr. MEEHAN.
H.R. 5191: Mr. RYAN of Ohio.
H.R. 5207: Mr. SCHIFF, Mr. HIGGINS, Mr. O'ROURKE, and Mr. YARMUTH.
H.R. 5210: Mr. BUCSHON, Mr. LAMBORN, Mr. BARR, and Mr. MARINO.
H.J. Res. 87: Mr. CRAMER, Mr. ADERHOLT, Mr. FRANKS of Arizona, Mr. ROUZER, Mr. SMITH of Texas, Mr. HECK of Nevada, and Mr. SALMON.
H. Con. Res. 128: Mr. HECK of Nevada.
H. Res. 14: Mrs. BEATTY.
H. Res. 154: Ms. DEGETTE.
H. Res. 263: Mr. KENNEDY, Ms. JACKSON LEE, and Mr. VEASEY.
H. Res. 551: Ms. DUCKWORTH.
H. Res. 586: Mr. DELANEY.
H. Res. 590: Mr. CARNEY, Mr. KLINE, Mr. CONYERS, Mr. MURPHY of Pennsylvania, and Mr. DESJARLAIS.
H. Res. 631: Mr. GALLEGO.
H. Res. 693: Mr. BABIN.
H. Res. 707: Mr. GOSAR and Mr. LABRADOR.
H. Res. 712: Mr. KILMER.
H. Res. 724: Mrs. NAPOLITANO and Mr. VEASEY.
H. Res. 726: Mr. CONYERS, Mr. TONKO, Mr. POCAN, Mrs. NAPOLITANO, Ms. SCHAKOWSKY, Mr. NORCROSS, Ms. CLARKE of New York, Mr. CARSON of Indiana, Mr. KILDEE, Mr. KIND, Ms. DELAURO, Mr. FOSTER, Ms. WILSON of Florida, Mr. LEVIN, Mrs. LAWRENCE, Mr. DEUTCH, Ms. NORTON, Ms. BONAMICI, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. FUDGE, Mr. DESAULNIER, Ms. KUSTER, and Mr. CARTWRIGHT.

PETITIONS, ETC.

Under clause 3 of rule XII, petitions and papers were laid on the clerk's desk and referred as follows:

61. The SPEAKER presented a petition of Mr. Gregory D. Watson, a citizen of Austin, TX, relative to urging Congress to refrain from relieving the U.S. Commonwealth of Puerto Rico in any way from its financial indebtedness; which was referred to the Committee on Natural Resources.

62. Also, a petition of the Common Council of the City of Darlington, Wisconsin, relative to Resolution 2016-02, supporting an amendment to the United States Constitution stating that only human beings are endowed with constitutional rights and that money is not speech; which was referred to the Committee on the Judiciary.

EXTENSIONS OF REMARKS

HONORING DEBBIE FARRELL ON HER RETIREMENT

HON. DANIEL LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. LIPINSKI. Mr. Speaker, I rise today to recognize Mrs. Debbie Farrell who is retiring from her position as principal of Forest Hills Elementary School after more than 35 years dedicated to education.

Mrs. Farrell began her teaching career at Coweta County School System in Newnan, Georgia in 1979. She showed her commitment to serving students with special needs by teaching Special Education in Des Moines, Iowa from 1980 to 1982 and serving as a learning disabilities clinician from 1984 to 1989. From 1992 to 1999 she worked as a special education teacher then as an Associate Principal in District 101 in Western Springs, Illinois. In 2001–2002 she served as Principal at South Elementary School in Westmont, Illinois. Since 2002 Mrs. Farrell has been the Principal at Forest Hills Elementary School in Western Springs District 101. Under her leadership, the school has been rated a Top 25 school in the State of Illinois four times, including one year in which Forest Hills was the second-highest performing in the State.

Mrs. Farrell received a Bachelor's Degree from Western Illinois University and Master's Degrees from both St. Xavier University and Iowa State University. She resides in Palos Park, with her husband Kevin, her sons Jim and John, and her daughter Katie.

Mr. Speaker, I ask my colleagues to join me in thanking Mrs. Debbie Farrell for all she has done in her 35 plus years as an educator and to congratulate her on her retirement. Thousands of students have greatly benefitted from her dedicated service.

RECOGNIZING APRAXIA AWARENESS

HON. KEITH J. ROTHFUS

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. ROTHFUS. Mr. Speaker, I rise today to call attention to Childhood Apraxia of Speech, a speech and communication disorder that causes extreme difficulty in learning to speak, which can affect literacy and school performance. Often times, children with Childhood Apraxia of Speech require frequent and aggressive speech therapy to improve their ability to communicate. Sadly, the cause of the disorder is unknown. More progress must be made to understand and develop better treatment for this complex condition.

Fortunately, the Childhood Apraxia of Speech Association located in Pittsburgh, PA continues to work tirelessly to raise awareness about Childhood Apraxia of Speech and to provide support to families of affected children. Thanks to their hard work, great strides have been made toward educating the public, and local, state, and federal officials. Increased awareness of this disorder will serve as an impetus toward more effective treatment, as well as to create a more supportive environment for families struggling with this rare condition.

Children with apraxia and their families confront tremendous obstacles with determination and persistence. To all the families and children living with apraxia, I offer my heartfelt encouragement as you deal with the unique challenges you face. I ask my colleagues to join me in recognizing these individuals on Apraxia Awareness Day this May and in thanking the Childhood Apraxia of Speech Association for increasing awareness in our communities about this challenging disorder.

DARWIN ANDERSON: INNOVATOR, FIREFIGHTER, AND FRIEND

HON. RICHARD M. NOLAN

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. NOLAN. Mr. Speaker, I rise today to recognize Darwin Anderson of Brainerd, Minnesota. Last Saturday the tanker base at the Brainerd Airport was named after Darwin, who passed away February 6th 2015, to commemorate his 43 years of service and exceptional work as a Department of Natural Resources (DNR) firefighter.

Darwin was one of the first to see the potential for using aircraft and a network of tanker bases throughout the state to fight wildfires. He was also a pioneer in utilizing a helicopter with a bucket as a tool for fighting wildfires. In addition to Darwin's innovations, his compassion and charisma have earned him the respect of his coworkers. His colleagues speak very highly of Darwin's supervisory skills and the guidance he has given them throughout their careers. Many of his peers attribute their own success to Darwin's mentoring.

Leaders such as Darwin make a positive impact on others' lives and in their communities—so much so one of his colleagues said, "With Darwin, forestry equaled family." His family, wife Janet, sons Jeffery, Ryan, Erik, and daughter Yvette gave him the support he needed to do such a difficult job.

It is an honor to recognize Darwin's many accomplishments, and I know my colleagues will join me in thanking Darwin for his leadership, innovation, and many years of dedicated service to our state.

IN HONOR OF CHIEF WARRANT OFFICER TWO NICOLE SPROESSER

HON. DONALD NORCROSS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. NORCROSS. Mr. Speaker, I rise today to honor Chief Warrant Officer Two Nicole Sproesser for her achievements, contributions, and service in both the U.S. Army and the New Jersey National Guard.

Chief Sproesser joined the Army in 2001. She deployed to Kuwait and Iraq as a Quartermaster, supporting Operation Enduring Freedom and Operation Iraqi Freedom from February 2003 to October 2003. She was responsible for transporting all food, water, and supplies to units across Iraq. For her logistical support of 2,496 soldiers during Operation Iraqi Freedom, she was awarded the Army Commendation Medal. Promoted to sergeant after just two and a half years in the Army, she was awarded the Soldier of the Year for the 49th Quartermaster Group.

After fulfilling her service obligation with the Army in August of 2004, Chief Sproesser joined the New Jersey National Guard in December of that same year. In 2008, she was selected to become a Warrant Officer and now works as the Property Book Officer for the 57th Troop Command, where she manages and maintains 18 units with property totaling 189 million dollars.

While in the National Guard, Chief Sproesser served in numerous major homeland security operations, including Hurricane Sandy, as a Battle Captain, and Hurricane Irene, as an Officer in Charge. She has displayed both tactical and technical leadership abilities numerous times and has been inducted into the International Society of Logistics in 2015.

Chief Sproesser comes from a family committed to public service; her mother also served in the Army and her father is currently serving as President of the New Jersey Fraternal Order of Police. She and her husband, Eric—an Army Purple Heart recipient, also have three children, Christian, Aiden, and Cora Grace with whom they take frequent trips to tour Civil War battlegrounds.

Mr. Speaker, Chief Warrant Officer Two Nicole Sproesser is a great American whose dedication to serving her country in the U.S. Army and New Jersey National Guard is an inspiration to her community. I join with her family, friends, and all of New Jersey in honoring the selfless service of this exceptional woman.

IN RECOGNITION OF RUTGERS UNIVERSITY'S 250TH ANNIVERSARY

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. PALLONE. Mr. Speaker, today I rise to recognize the 250th anniversary of one of the greatest academic institutions in New Jersey, the United States and the world.

Since 1766, Rutgers University has forged young minds and prepared our nation's workforce. Students at Rutgers get exposure to the full range of academic disciplines and the kind of trailblazing research that can only be found at the world's top research institutions. Reflecting the assets of the great state of New Jersey, the Rutgers student body is also one of the most diverse in the nation.

Throughout the years, I've enjoyed the privilege of representing the Rutgers community. During my time in Congress, whatever issue comes across my plate, I've always had the nation's experts in every field within arm's reach.

That's especially true in recent years, following the merger with University of Medicine and Dentistry of New Jersey and the designation of the Cancer Institute of New Jersey as a National Cancer Institute.

It is Rutgers' tremendous history of academic achievement and national leadership that led President Obama to accept the University's invitation to speak at its 250th commencement this coming Sunday. I was proud to lead two Congressional letters urging the President to accept Rutgers' invitation.

I commend Rutgers for its 250 years of contributions to our country, and I'm excited about Rutgers' future and its accomplishments yet to come.

FOSHAY LEARNING CENTER FIRST ROBOTICS TEAM 597 ENDS A YEAR AS WORLD CHAMPION

HON. KAREN BASS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Ms. BASS. Mr. Speaker, I am very proud to welcome home the Foshay Learning Center FIRST Robotics Team 597, the Wolverines, who have closed out their year as reigning champions at the competition that ended on April 30, 2016.

One year ago, Team 597, coming from an inner-city Los Angeles school in my district, beat out 18,000 students with 900 robots from 40 countries to win the Chairman's Award, the highest honor given at the 2015 FRC World Championships in St. Louis, Missouri. The award recognizes the team that best represents a model for other teams to emulate, and best embodies the purpose and goals of FIRST, including the promotion of not just STEM skills but teamwork, entrepreneurship, volunteerism and resourcefulness.

Under strict rules, limited resources, and the guidance of volunteer mentors including teachers, engineers, business professionals, parents, alumni and more, the Wolverines team had just six weeks to build and program their robot to perform challenging tasks against a field of competitors. They also had to raise funds, design a team ''brand,'' hone teamwork skills, and perform community outreach. In addition to learning valuable STEM and life skills, participants are eligible to apply for millions in college scholarships.

Under the leadership of their advisor, Foshay math teacher, Darryl Newhouse, Team 597 not only built a great robot, competed in local and regional events, raised funds to support their work and the trip to St. Louis, but they also excelled in seeding teams at local elementary schools and giving back to their community in multiple ways.

Just last month, Team 597 had the honor of sending two representatives to the 2016 White House Science Fair, initiated by President Barack Obama six years ago to honor the student winners of a broad range of science, technology, engineering and mathematics (STEM) competitions across the country. And last week they returned to St. Louis as reigning champions.

I salute the Wolverines and the parents, teachers, parents, family, friends, organizations, and professionals who support them.

IN RECOGNITION OF JOHN A. MARKEY

HON. WILLIAM R. KEATING

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. KEATING. Mr. Speaker, I rise today in recognition of John A. Markey for his service to the City of New Bedford and the Commonwealth of Massachusetts as Mayor of New Bedford. I am also proud to commemorate the apt naming of the city-owned plaza on Front Street in the city he served with such dedication.

Jack Markey, as he is known to most, was first elected to serve the citizens of New Bedford as its mayor in 1971. At that time, there was a great need for strong leadership to preserve and restore the rich tapestry of this historic city. Under his eleven-year tenure over six terms, Mayor Markey ushered in essential investment and restoration projects into the Downtown New Bedford Historic District—serving as a critical turning point for New Bedford and for the perception and image of this tourist destination.

Under Mayor Markey's leadership, the City made several forward-thinking investments in community development, including burying utility lines, resurfacing streets with cobblestone, enhancing landscaping and restoring several historic landmarks. Before leaving office to become the Presiding Judge of the New Bedford District Court in 1982, Markey strongly advocated for the establishment of the New Bedford Whaling National Historic Park. It is for these reasons that he is deservedly recognized by having this plaza named after him.

Mr. Speaker, I ask my colleagues to join me in honoring the lifelong service and commitment of John A. ''Jack'' Markey to the City of New Bedford.

HONORING SCOTT CETOUTE FOR ACHIEVING PERFECT ATTENDANCE WHILE ENROLLED IN THE BROWARD COUNTY SCHOOL SYSTEM FROM KINDERGARTEN THROUGH HIS SENIOR YEAR

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. HASTINGS. Mr. Speaker, I am honored to rise today to recognize Mr. Scott Cetoute, a student-athlete and soon to be graduate of Plantation High School. Scott was recently honored at the Broward County Public Schools fifth annual Best-in-Class and Perfect Attendance Awards ceremony on Thursday, May 12, 2016, and will be honored again on Tuesday, May 17, 2016 at the Broward County School Board Meeting.

The Best-in-Class Award is an accolade presented to students who have been continuously enrolled in Broward County Public Schools from kindergarten through 12th grade, who have perfect attendance. This is a remarkable achievement and it is an immense honor of mine to recognize Scott for his unwavering devotion to education.

Having never missed a single day of school for a total of 2,340 days is no small feat. Furthermore, in a show of appreciation, various community and business partners have joined together to provide Scott and fellow honorees with an assortment of gifts and supplies that will assist them as they continue their journey towards higher education.

Mr. Speaker, I once again want to commend Mr. Scott Cetoute for his dedication and commitment to education. He is a shining example of student success. I wish him all the very best as he begins studying at Broward Community College this summer to earn his Associate Degree, then upon completion he will continue his education further at Florida International University (FIU). Scott has strong aspirations to become a Pharmacist once he completes his education. I know that he will make his community and the state of Florida proud.

RECOGNIZING MAJOR RITA CATALINA ROSALES GONZALEZ

HON. BETO O'ROURKE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. O'ROURKE. Mr. Speaker, I rise today to honor Army Major Rita Catalina Rosales Gonzalez for her extraordinary dedication to duty and service to our nation. Major Rosales has distinguished herself through her service while serving as a Legislative Liaison in the Army's House Liaison Division from June 2015 to April 2016.

A native of Monterrey, México, Major Rosales immigrated to the United States when she was just ten years old. Feeling a call to service, she joined the Army in 2005 and served the first seven years of her career at Fort Bliss in my district of El Paso, Texas. While at Fort Bliss, Major Rosales served as a Patriot Launcher Platoon Leader; a Patriot Fire Control Platoon Leader and Battery Trainer; a Battalion Fire Direction Section Officer-in-

Charge; a Brigade Chief Air Defense Fire Control Officer; and as a Battery Commander. Following her time at Fort Bliss, Major Rosales would later serve as a Public Affairs Officer in the Office of the Chairman of the Joint Chiefs of Staff. Major Rosales' service to our country also includes two deployments in support of Operation Enduring Freedom, once to the United Arab Emirates from 2008 to 2009 and once to the Kingdom of Bahrain from 2011 to 2012.

Major Rosales' career has been marked by excellence, as evidenced by her selection as the Distinguished Honor Graduate of her Air Defense Artillery Officer Basic Course; the Distinguished Honor Graduate of the Patriot Top Gun Course; the Honor Graduate of the Air Defense Artillery Fire Control Officer Course; and the Honor Graduate of her Air Defense Artillery Captains' Career Course.

As Major Rosales transitions to her role as a Battalion Operations Officer at Fort Bragg, North Carolina, I am confident that she will approach this role with a continued commitment to excellence and selfless service. Her outstanding leadership, strategic vision, and keen judgment are in keeping with the finest traditions of military service and reflect great credit upon her, the Office of the Army Legislative Liaison, and the United States Army.

OPIOID USE DISORDER TREATMENT EXPANSION AND MODERNIZATION ACT

SPEECH OF

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 11, 2016

Mr. UPTON. Mr. Speaker, I submit the following exchange of letters.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, May 3, 2016.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN UPTON: I am writing with respect to H.R. 4981, the ''Opioid Use Disorder Treatment Expansion and Modernization Act,'' which was referred to the Committee on Energy and Commerce and in addition to the Committee on the Judiciary. As a result of your having consulted with us on provisions in H.R. 4981 that fall within the Rule X jurisdiction of the Committee on the Judiciary, I agree to discharge our Committee from further consideration of this bill so that it may proceed expeditiously to the House floor for consideration.

The Judiciary Committee takes this action with our mutual understanding that by foregoing consideration of H.R. 4981 at this time, we do not waive any jurisdiction over subject matter contained in this or similar legislation, and that our Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues in our jurisdiction. Our Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, and asks that you support any such request.

I would appreciate a response to this letter confirming this understanding with respect to H.R. 4981, and would ask that a copy of our exchange of letters on this matter be included in the Congressional Record during Floor consideration of H.R. 4981.

Sincerely,

BOB GOODLATTE,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, May 3, 2016.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN GOODLATTE: Thank you for your letter regarding H.R. 4891, the ''Opioid Use Disorder Treatment Expansion and Modernization Act.''

I appreciate your willingness to forgo action on the bill, and I agree that your decision will in no way diminish or alter the jurisdiction of the Committee on the Judiciary with respect to the appointment of conferees or to any future jurisdictional claim over the subject matters contained in the bill or similar legislation.

I will include a copy of your letter and this response in the Congressional Record during consideration of H.R. 4891 on the House floor.

Sincerely,

FRED UPTON,
Chairman.

TO HONOR THE LIFE AND LEGACY OF EDNA LANIER

HON. RICHARD HUDSON

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. HUDSON. Mr. Speaker, I rise today to honor the life and legacy of Edna Lanier who passed away on April 17, 2016, at the age of 99. Throughout her life Mrs. Lanier was a fixture in the community of Lexington, North Carolina, and she will be greatly missed by all who had the pleasure of knowing her. I send my prayers and sincerest condolences to Mrs. Lanier's family and friends during this difficult time.

By all accounts, Mrs. Lanier was the embodiment of what a North Carolinian should be—she was devoted to her family and friends, kind to every person she met, and passionate about making her community a better place for all to live. Throughout her life, Mrs. Lanier had a giving-spirit and wanted to share her knowledge and experiences with those around her, which led to her mentoring young women in her spare time. She was deeply committed to her faith and was an active member of the First United Methodist Church. Mrs. Lanier was also a passionate sports fan, especially of her beloved University of North Carolina Tar Heels.

Mrs. Lanier was also a small business owner and a prominent member of the Lexington Area Chamber of Commerce. In 1940, Mrs. Lanier and her husband, Ardell, opened Lanier Hardware, which has been a fixture in uptown Lexington since the day it opened. Because Mr. and Mrs. Lanier were partners in everything they did, whether it was in business or in their everyday lives, she helped run the hardware store and would do all of the bookkeeping and accounting. They also started Standell Properties, a local real estate business.

In addition to their successful business ventures in Lexington, the Laniers were actively involved in philanthropic efforts to help others in the community, working with local programs like the Lexington Civitan Club, the Davidson Prison Ministry and the West Davidson Public Library. Mrs. Lanier was often recognized by organizations in Lexington for her devotion to her community and the impact she had on the area. Among her many awards, Mrs. Lanier was recognized by the Lexington Chamber of Commerce as the 2006 ''Outstanding Woman of the Year.''

Mr. Speaker, please join me today in remembering the life of Edna Lanier and celebrating her legacy that benefited so many in the town of Lexington, and the state of North Carolina.

PAYING TRIBUTE TO COMMANDER MATTHEW L. DUNLAY, AS HE PREPARES TO RETIRE AFTER 20 YEARS OF SERVICE TO THE UNITED STATES NAVY AND TO OUR NATION

HON. DAVID W. JOLLY

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. JOLLY. Mr. Speaker, I rise to pay tribute to Commander Matthew L. Dunlay, as he prepares to retire after 20 years of Commissioned Service to the United States Navy and for his extraordinary dedication to duty and to the United States of America.

I have worked with Commander Dunlay personally over the past three years when he worked as an Appropriations Liaison in the Office of the Assistant Secretary of the Navy (Financial Management and Comptroller). I would like to share with you some highlights of his fine career.

Commander Matthew L. Dunlay graduated from the Norwich University in 1996 with a Bachelor of Science Degree in Civil Engineering. He was commissioned an Ensign upon completion of the NROTC program and reported directly to Pensacola, FL for flight training. He was designated a Naval Aviator in March 1998.

Commander Dunlay has served in a variety of sea and shore assignments during his career. At sea, his assignments include HSL–46 deploying to the Adriatic Sea in support of Operation Noble Anvil during the 1999 Kosovo Campaign onboard USS *Vella Gulf* (CG 72) and to the South Pacific Ocean in support of Counter Narco-Terror operations on board USS *O'Bannon* (DD 987). Serving at HSL–60, he deployed to the Arabian Gulf, Horn of Africa and Red Sea onboard USS *Philippine Sea* (CG 58) in support of OIF and OEF, and then as Officer-in-Charge onboard USS *John L. Hall* (FFG 32) where he led the Navy's first Aerial Authorized Use of Force Detachment deployed with U.S. Coast Guard Aerial Sharp Shooters to the USSOUTHCOM AOR. His assignments while at HSL–60 included Squadron Operations Officer and Squadron Maintenance Officer.

Shore assignments include Air Test and Evaluation Squadron THREE ONE (VX–31), China Lake, CA as a Helicopter Search and Rescue Mission Commander and C–26 Transport Aircraft Commander. Commander Dunlay has also been assigned to the U.S. Naval War College, Newport, RI, for duty as a Graduate Student enrolled in the College of Naval Command and Staff.

In 2008, he was selected as a Navy Legislative Fellow to the U.S. House of Representatives where as a key staff member he advised a Senior U.S. Congressman on National Security Policy and Foreign Defense Affairs. Following his Legislative Fellowship on Capitol Hill in 2009, he reported to Colorado Springs, CO where served as the Senior Military Advisor to the Commander, NORAD and USNORTHCOM for Legislative Affairs.

After completing his assignment at NORAD and USNORTHCOM, Commander Dunlay reported to his current assignment as a Congressional Liaison in the Navy's Financial Management and Budget Office managing a diverse portfolio containing the Research Development Test and Evaluation (RDT&E) appropriations along with the Missile Defense, Cyber and C4ISR appropriations. For nearly three years, Commander Dunlay has demonstrated exceptional leadership and foresight, engaging Members of the Appropriations Committee and its Staff to provide information essential to resourcing the Navy for its role as the world's dominant sea power. In an increasingly difficult budget environment, Commander Dunlay provided essential support in shepherding three Navy budgets through the appropriations process. Matt served our Navy and nation with integrity, insight and dedication. My office, the subcommittee staff, and I have found him to be a pleasure to work with and all respect his professionalism.

Mr. Speaker, on behalf of a grateful nation, I join my colleagues today in saying thank you to Commander Matthew L. Dunlay for his extraordinary dedication to duty and steadfast service to this country throughout his distinguished career. We wish Matt, and his sons Luke and Remington ''Fair Winds and Following Seas'' as he leaves the Naval Service.

IN CELEBRATION OF THE 50TH ANNIVERSARY OF BARBARA AND BILL CARNEY

HON. BARBARA COMSTOCK

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mrs. COMSTOCK. Mr. Speaker, I rise today in celebration of the marriage of Barbara and Bill Carney. On May 14, 2016, Barbara and Bill Carney will celebrate fifty years of marriage, friendship, fun, and family. Those 50 years have taken them on a winding and unpredictable journey—from the Irish Catholic neighborhood of Flatbush, Brooklyn, to the suburbs of Long Island, to the halls of the United States Congress—with unforeseen stops and innumerable joys along the way. With love, respect, and patience, they made it look easy. Their lives together, their love for each other, their generosity of spirit, and their faith and humor have impacted so many people through the years.

Barbara Haverlin and Bill Carney grew up blocks from one another in Brooklyn. They attended the same parish, St. Catherine of Genoa, frequented the same places, and enjoyed overlapping groups of friends. They did not meet, however, until their early twenties at O'Reilly's Pub, where Bill was tending bar and Barbara was dating one of the O'Reilly brothers. On a dare from co-workers, Bill asked out the boss's girlfriend. Within two weeks of the first date, they decided to marry and were wed twelve months later.

Both having lost their parents in their teens, Barbara and Bill deeply appreciated the importance and value of family. Both were blessed with extensive community and family, where one's brother, cousin, and neighbor were always there for each other. That is the value and spirit that Barbara and Bill maintained in raising their two daughters, Julie Baker and Jackie Carney D'Aquila.

After marriage, Bill held multiple jobs to support his family—always willing to try or learn a new skill. Never one to shy away from challenges or view something as impossible, Bill decided to run for U.S. Congress at 32 years old. In 1977, with Barbara's backing and the support of a handful of what would prove to be life-long friends, Bill beat the odds and was elected to represent the 1st Congressional District of New York. During his political career, Bill enjoyed phenomenal staff, advisors, and friends. He served four terms in the House before deciding to retire and open his own boutique consulting firm in 1986.

Bill and Barbara will be joined in celebrating their 50th Anniversary this month by their daughters, sons-in-law, four grandchildren, and scores of friends and family.

PERSONAL EXPLANATION

HON. LOIS CAPPS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mrs. CAPPS. Mr. Speaker, I was not able to be present for the following Roll Call vote on May 11, 2016 and would like to reflect that I would have voted as follows: Roll Call Number 183: NO.

PERSONAL EXPLANATION

HON. LINDA T. SÁNCHEZ

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, on Roll Call Number 189, on Motion to Suspend the Rules and Pass, as Amended, H.R. 4586, Lali's Law I was unavoidably detained and missed the vote. Had I been present, I would have voted YEA.

KEESLER AIR FORCE BASE 75TH ANNIVERSARY

HON. STEVEN M. PALAZZO

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. PALAZZO. Mr. Speaker, I rise today to honor Keesler Air Force Base on the celebration of their 75th anniversary.

On June 12, 1941 Army Air Corps Station Number 8, Aviation Mechanics School was activated and on August 25, 1941 it was officially designated Keesler Army Air Field in honor of Second Lt. Samuel Reeves Keesler of Greenwood, MS. Lt. Keesler and his pilot were shot down after engaging four German aircraft on October 8, 1918. Lt. Keesler was seriously injured and died the following day. He was posthumously awarded the WWI Victory Medal with Silver Star for his heroism.

Following the passage of the National Security Act of 1947 the United States Air Force became a separate military service, and Keesler Field became what we know it as today, Keesler Air Force Base. Since 1941, Keesler Air Force Base has served as an irreplaceable training ground for our men and women of the military.

In recognition of their dedication to the mission as well as their dedication to the Airmen stationed there, on April 5, 2013 Keesler Air Force Base was awarded the Commander in Chief's Annual Award for Installation Excellence, signifying Keesler as the best Air Force Installation within the Department of Defense.

Once again, I would like to commend the men and women of Keesler on their 75th anniversary celebration.

HONORING MR. LARRY BETTINELLI

HON. MIKE THOMPSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. THOMPSON of California. Mr. Speaker, I rise today to honor Mr. Larry Bettinelli, who is being honored as the 2016 Napa Valley Grower of the Year at the Napa Valley Grapegrower's 41st annual dinner in Napa, California.

Mr. Bettinelli, a fifth generation Napa Valley farmer, has a long history of successful management and leadership within the vineyard industry in California, as well as a proven commitment to serving his community. He graduated from St. Helena High School before completing his Agriculture degree at California Polytechnic State University, San Luis Obispo.

Before founding his successful vineyard management company, Bettinelli Vineyards, Mr. Bettinelli served in the U.S. Marine Corps as a helicopter pilot, and worked as a Vineyard Manager for Beringer Vineyards and Jaeger Vineyards.

Throughout his career, Mr. Bettinelli has exemplified the values of the Napa Valley Grapegrowers. In his own business, he prioritizes the preservation of vineyards and agricultural resources of the Napa Valley, and also serves on the Napa County Disease and Pest Control District Board. Drawing on his knowledge and success in the vineyard industry, Mr. Bettinelli represents and advocates on behalf of growers as Chairman of the Napa Valley Grapegrowers' Industry Issues Committee.

Building on his own family history in the Napa Valley, Mr. Bettinelli looks to the region's future by sharing his expertise with the next generation of growers and farmers. He has served as the Founding Chairman of the St. Helena High School Agriculture Establishment Committee and as President of the St. Helena Future Farmers of America boosters. Mr. Bettinelli also finds the time to volunteer with the Yountville Veterans Home chapel and sits on Board of Directors for the St. Helena Choral Society.

Mr. Speaker, Larry Bettinelli has had a remarkable career as a business leader and has

been a lifelong community servant in our Napa Valley community. Therefore, it is fitting and proper that we honor him here today.

HONORING EDWARD A. HILL

HON. PETER A. DeFAZIO

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. DEFAZIO. Mr. Speaker, I rise today to honor the memory and life of Edward A. Hill, a loving husband, son, brother, uncle, friend and colleague. Ed was a member of my staff from 2007 to 2011. His wife, Jessica Zufolo, also served on my staff in the late 1990s. They have been a part of the DeFazio family for many years, and it is with a heavy heart that we mourn Ed's passing.

Ed didn't start out working in politics, but after volunteering to help elect Chris Murphy in 2006 he decided to leave his insurance industry job in Connecticut and move to Washington, D.C. He quickly fell in love with Congress and with Jessica, whom he had met on the campaign trail. I don't think he ever looked back.

Ed was the type of guy everyone liked to be around. He was always smiling and quick with a joke or words of support. His love of craft beer and the home brew he shared made him very popular in the DeFazio office.

About nine months ago Ed was diagnosed with esophageal cancer. He fought it hard until the end. Unfortunately he was diagnosed too late, which is not uncommon with this type of cancer. April was Esophageal Cancer Awareness month, and I'm sure in his honor Ed would encourage us all to get tested.

Ed passed away on May 1st at Georgetown Hospital. At only 45 years of age, he was way too young to die. But, he lived those years he had to the fullest. He will be remembered and missed by all whose lives he touched.

IN HONOR OF THE NATIONAL CAPITAL LYME AND TICK-BORNE DISEASE ASSOCIATION

HON. BARBARA COMSTOCK

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mrs. COMSTOCK. Mr. Speaker, I would like to take this time to discuss the extremely important work done by the National Capital Lyme and Tick-Borne Disease Association (NatCapLyme), an invaluable organization representing my district. NatCapLyme has been working tirelessly to help defeat an illness that affects so many in our community. Known for their work improving the living standard for those suffering from tick-borne illnesses, NatCapLyme has empowered and educated countless patients, families, and the community at large about this disease.

I am honored to join NatCapLyme on May 15th, 2016 for their 6th Annual Loudoun Lyme 5K/10K/1K that will drive awareness and raise money to help find a cure for Lyme disease—the number one tick-borne illness in the United States. The Loudoun Lyme 5K/10K will also feature a 1K fun run, as well as an informational fair to educate the public about Lyme disease, its causes, symptoms and treatments. I look forward to joining them again this year and in years to come in support of their efforts.

NatCapLyme has been working nationally for the past 20 years to further improve the lives of those suffering from tick-borne illnesses while also supporting ongoing efforts to find cures and advocate for patients. In the Commonwealth of Virginia, they worked with local legislators, including myself, to permanently designate May as Lyme Disease Awareness Month in Virginia. They also built a coalition of constituents across Virginia to help enact landmark legislation HB–1933 to help better diagnose Lyme disease by identifying potential shortcomings in testing methods utilized at that time. I was proud to partner with them on this legislation and introduce it in the House of Delegates.

As a Member of Congress, I have joined the bipartisan Lyme Disease Caucus because I remain committed to raising awareness of this disease and believe in the important work that NatCapLyme does each day. Mr. Speaker, for helping countless American citizens who suffer from tick-borne illnesses, I would like to sincerely thank the National Capital Lyme and Tick-Borne Disease Association for all their hard work, and ask that my colleagues join me in doing the same.

RECOGNIZING THE LIFE OF THE REVEREND DR. PAUL M. MARTIN

HON. DIANA DeGETTE

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Ms. DEGETTE. Mr. Speaker, I rise to honor the life of an extraordinary constituent, the Reverend Dr. Paul M. Martin, who, as pastor of Macedonia Baptist Church for 16 years, was a change agent in the Denver community.

Paul's passing in March shocked and saddened the many people he touched in a life filled with love, hope and purpose. We continue to grieve, but with the perspective of these past few weeks, we've also been able to take some consolation in memories of this extraordinary man and the knowledge that his legacy lives on within us.

Paul Martin was a man of the people. Well educated and worldly, he nevertheless found endless satisfaction in working deep within the community, rolling up his sleeves and diving into the day-to-day matters that affect so many lives—from the parochial to the profound. I especially appreciated that the very same man who reached countless numbers of the faithful via a successful radio ministry also chose to serve on the committees to ensure that the development of DIA and Stapleton were done with community interests in mind.

And for my own part, I'll never forget how the friendship and support Paul gave me through my years of public service. I first met Paul and his wonderful wife and soulmate, Agnes, when my church, Montview Presbyterian, partnered in worship with Macedonia. I spent so many special Sundays sitting in the Macedonia choir loft with my fellow choirmates from both churches, listening to Paul's inspirational sermons.

I am sure there are many others in Colorado, in California and in places around the world where Paul preached and taught who have similar stories to tell about his influence on the paths they followed.

Paul was a voice of wisdom, consolation and inspiration. He will be deeply missed, but we are grateful that he was such a key part of our community and our lives for so long. Although a family commitment prevents me from being with you today in person, my spirit is there in solidarity. To Agnes, the Martin family, and the entire Macedonia community, I send my prayers and deepest condolences.

IN HONOR OF THE LEGACY OF CARL WHITMARSH

HON. AL GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. AL GREEN of Texas. Mr. Speaker, today I would like to honor the memory of a great man and leader in Harris County: Carl Whitmarsh. Mr. Whitmarsh, originally from Brenham, Texas and a graduate of Texas Tech University where he studied political science, untimely passed at the age of 64. Throughout Mr. Whitmarsh's life, he held a variety of positions that allowed him to have significant influence, including president of the Oak Forest Area Democrats, executive director of the Harris County Democratic party, and as an aide to Senator Lloyd Bentsen during his vice presidential campaign in 1988.

Mr. Whitmarsh was not only a community leader, but acted boldly to advocate for the better representation of his community. Mr. Whitmarsh will be specifically remembered for his commitment to democratic principles, impassioned advocacy for the underserved, as well as his many positive working relationships with public officials.

Mr. Speaker, I am blessed to have the opportunity to honor the memory of a dear friend, a man of character who was also an extraordinary agent for change. May he rest in the peace he so richly deserves.

IN HONOR OF DELBERT NELSON

HON. DONALD NORCROSS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. NORCROSS. Mr. Speaker, I rise today to honor and celebrate Delbert Nelson of Camden, New Jersey for his achievements, contributions, and service in both the United States Army and as a pillar of our community.

Delbert was born, raised, and educated in Camden. After high school, he served in the Army's 43rd Infantry during the Korean War. Once he returned stateside, he worked for the Campbell Soup Company for 43 years, before retiring in 1994.

Delbert has dedicated his retirement to improving the quality of life of Camden's citizens. As a founding and active member of Parkside Business & Community In Partnership, Inc., and the Vice President of the Camden Neighborhood Renaissance, he has helped bring commercial development back into the city. He has worked to improve the natural beauty of the area by volunteering at the Camden

Greenway Work Group. Communities around the country need more people like Mr. Nelson that take pride in where they live and devote their time to better it.

He has also been involved in local politics and helping fellow veterans He has been an At-Large member of the Camden City Democratic Committee and is the Camden Mayor's representative for the Battleship New Jersey Board of Trustees. He has been active in the VFW as the former Commander of Clarence Hill VFW Post Number 1297–Camden and the current Sr. Vice Commander of Lawnside Post 2003. In his time with the VFW, he has achieved the distinguished honor of being named All-State Post Commander.

Delbert and his wife, Doris, have been married for 66 years and have been blessed with 4 daughters, 6 grandchildren, and 3 great-grandchildren. He is also a father figure to many of his nieces and nephews.

Mr. Speaker, Delbert Nelson is a great American whose dedication to serving his country and community is an inspiration. I join with his family, friends, and all of New Jersey in honoring the selfless service of this exceptional man.

IN RECOGNITION OF ANTONIO THOMAS JAMES RUGGIERO

HON. WILLIAM R. KEATING

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. KEATING. Mr. Speaker, I rise today in sincere recognition of Antonio Thomas James Ruggiero, a decorated veteran of World War II and a personal friend of mine who passed away on April 14, 2016.

Tommy, as he was known to his family and friends, was born in Plymouth, Massachusetts on August 25, 1920 to Vincent and Lucia Ruggiero. After graduating from Plymouth High School, Tommy enlisted in the United States Army and served in the 2nd Ranger Battalion's D Company during the Invasion of Normandy in June of 1944. On D-Day, his landing craft was hit by enemy fire, leaving him one of the 90 surviving Rangers stranded in the freezing Atlantic for hours before joining the fight. Later in the war, Tommy also fought in the fierce Battle of Hurtgen Forest and the famed Battle of the Bulge. The Battle of Hurtgen Forest in 1944 was the longest and one of the fiercest battles fought on German soil during World War II. His company was integral in securing the strategic Hill 400 during this battle. For his outstanding military service, Tommy earned a Bronze Star and Purple Heart as well as the highest honor from the French Government, the Croix de Guerre and French Medal of Merit.

His exemplary service did not end there, however, In 1947, he joined the Plymouth Fire Department, rising to rank of Captain before retiring in 1975. In addition, he was an active member of the veterans' community in Massachusetts, participating in local, state and even national events with Presidents and First Ladies to highlight and celebrate the efforts of the men and women who served in uniform. Tommy also worked closely with my office over the years to secure unit citations for the extraordinary efforts of D and F Companies of 2nd Ranger Battalion during the Battle of Hurtgen Forest.

Tommy's perseverance and integrity served as an inspiration for all who knew him and he was an outstanding role model for the community. He leaves behind his wife, Mary, of 68 years as well as a loving daughter, sister, brother-in-law, nieces and nephews, and will be deeply missed by all those who knew him.

Mr. Speaker, I rise today to honor the life of Antonio Thomas James Ruggiero and his distinguished service for our country. I ask that my colleagues join me in recognizing the life of a dedicated and honorable public servant.

HONORING UNITED STATES AIR FORCE COLONEL DOUGLAS J. SCHWARTZ'S DISTINGUISHED MILITARY CAREER

HON. JACKIE WALORSKI

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mrs. WALORSKI. Mr. Speaker, I rise today to recognize United States Air Force Colonel Douglas J. Schwartz and honor him for a decorated career serving our nation.

Col. Schwartz began his 34-year career in the United States Air Force after receiving his commission through Officer Training School at Purdue University, where he graduated with a Bachelor of Science degree in management in 1981. Since then, he has gone on to accumulate more than 4,200 flight hours as a command pilot and receive numerous awards and decorations, including the Meritorious Service Medal with six oak leaf clusters as well as the Air Medal with two oak leaf clusters.

During his distinguished career, Col. Schwartz has been stationed throughout the country, operating in large part at Grissom Air Reserve Base (ARE) in Miami County, Indiana. At Grissom ARB, Col. Schwartz has commanded the 434th Air Refueling Wing, the largest KC–135 Stratotanker unit in the Air Force Reserve Command. Within this role, Col. Schwartz has directed the efforts of nearly 1,900 military, civilian, and contractor personnel as they work to advance the mission of the United States Air Force. In addition, he has also commanded such aircraft as the B–52 and the C–40.

As a member of the House Armed Services Committee, I have seen the impact of Col. Schwartz's work and his commitment to excellence. His passion for serving the greater good is truly remarkable and deserves the praise of many.

From my time working with him, I know Col. Schwartz epitomizes the ideal of servant leadership. Not only that, but he has invested substantially in the Grissom community and has spent his entire career working for the betterment of our country. On behalf of Hoosiers in the Second Congressional District, it is my honor to thank him for his service and sacrifice for our community.

PERSONAL EXPLANATION

HON. J. RANDY FORBES

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. FORBES. Mr. Speaker, due to the recent passing of my mother I was unable to cast my vote today for an important piece of legislation. Had I been in the chamber, I would have voted YES on the House amendment to S. 524, the Comprehensive Addiction and Recovery Act of 2016. This legislation will help to strengthen a variety of different treatment and prevention programs to combat heroin and opioid addiction.

DR. JULIA M. MCNAMARA, PRESIDENT OF ALBERTUS MAGNUS COLLEGE ON THE OCCASION OF HER RETIREMENT

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Ms. DELAURO. Mr. Speaker, today I rise to join the Albertus Magnus College community as they pay tribute to the woman who has led this outstanding institution for the last thirty-four years, Dr. Julia M. McNamara. Over the course of her tenure, she has guided Albertus Magnus through a myriad of transitions which have expanded the college in countless ways. Her vision, dedication, and seemingly endless energy have ensured that Albertus Magnus has continually met the changing needs of its students and faculty.

To say that Julia has left an indelible mark on this institution would be an understatement. For perspective, just last year Albertus celebrated its 90th Anniversary which means that for more than one third of its existence, Julia has been at its helm. Shortly after she was appointed President, Albertus Magnus became coeducational after sixty years as a women's college and in that same year, an innovative and highly successful Accelerated Degree Program for adult students was established. Julia oversaw the completion of a $6 million capital campaign, the largest in the school's history, as well as the construction of state-of-the-art indoor and outdoor athletic facilities that has allowed the College to join the NCAA-Division III. Ensuring that all of their student's needs were being met, Julia was also instrumental in the College becoming a participant in the Post 9/11 G.I. Bill Yellow Ribbon Program, where Albertus works closely with veterans to help them succeed in accelerated programs.

Under Julia's direction Albertus expanded opportunities for its students with the establishment of the Master of Arts in Liberal Studies Program, the first post-graduate degree in the College's history, and New Dimensions, a degree completion program for adult professionals, was begun in 1994. Today, the College also offers a Master of Science in Management degree, Master of Arts in Art Therapy—the only one in Connecticut—Master of Business Administration, a Master of Arts in Leadership, Master of Science in Education, Master of Fine Arts in Writing and Master of Science in Human Services, Master of Science in Accounting and the Master of Science in Criminal Justice.

Julia's contributions to our community extend far beyond her work at Albertus Magnus. She is a past Chair of the Yale-New Haven Hospital Board of Trustees and currently serves as Vice Chair. She has also served on the Board of Directors of The Community Foundation for Greater New Haven, the International Festival of Arts & Ideas, the United

Way of Greater New Haven and the Shubert Theatre. In 1990, she became the first woman to serve on the Committee of the Proprietors of the Common and Undivided Lands, which oversees the use of the New Haven Green and she currently serves on the Board of Directors of the Association of Catholic Colleges and Universities.

The Greater New Haven Chamber of Commerce's Community Leadership Award, the New Haven YWCA's Women in Leadership Distinguished Service Award, Columbus House's Outstanding Service to the Community Award, the Academy of Our Lady of Mercy, Lauralton Hall's Claven Award, and the New Haven Business Times' Women in Business Lifetime Achievement Award are just a sampling of the myriad of awards and recognitions with which Julia has been honored for her service to the community.

I would be remiss if I did not take a moment to extend a personal note of thanks and appreciation to Julia for her many years of friendship and support. In addition to being a constant resource on higher education challenges and policies, she has served on the Ted DeLauro Scholarship Committee, a scholarship given to high school seniors for service to the community which I established in my father's name, since its inception in 1991. Julia is an extraordinary woman and I, like so many others, consider myself fortunate to call her my friend.

Today, as she reflects on her career with Albertus Magnus, family, friends, and colleagues gather to pay tribute to unparalleled leadership and commitment, not only to Albertus Magnus, but to higher education and our community. I am proud to have this opportunity to extend my deepest thanks and appreciation to Dr. Julia M. McNamara for her invaluable contributions. I wish her, her husband, Dick, as well as the apples of their eyes, their three dogs, Kerry, Fiona, and Nova, all the best for many more years of health and happiness as she enjoys her retirement.

PERSONAL EXPLANATION

HON. LOIS CAPPS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mrs. CAPPS. Mr. Speaker, I was not able to be present for the following Roll Call vote on April 12, 2016 and would like to reflect that I would have voted as follows: Roll Call Number 139: YES.

IN RECOGNITION OF THE WOUND CARE CENTER AT CAROLINAS HEALTHCARE SYSTEM NORTHEAST FOR RECEIVING THE ROBERT A. WARRINER III, M.D., CENTER OF EXCELLENCE AWARD

HON. RICHARD HUDSON

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. HUDSON. Mr. Speaker, I rise today to honor the Wound Care Center at Carolinas HealthCare System NorthEast, located in Concord, North Carolina, for earning the Robert A. Warriner III, M.D., Center of Excellence award from Healogics. The dedicated team at the Wound Care Center should take pride in this significant achievement, and the people of Cabarrus County should take comfort in knowing they have such a distinguished group of individuals providing high-quality healthcare in our community.

The Wound Care Center opened its doors in July of 2012, and has been providing excellent care to the people of our area ever since. In order to earn the Robert A. Warriner III, M.D., Center of Excellence award, the Wound Care Center had to achieve an average patient satisfaction rating of 92 percent, as well as a healing rate of at least 91 percent within a 30–day period. In addition to reaching these high standards, the Wound Care Center had to maintain their performance over a 12-month period. Earning this award is truly a reflection of the staff at the Wound Care Center who are able to provide such exceptional service on a consistent basis.

What is even more impressive is the fact that this is the third consecutive year the Wound Care Center has earned this honor, which is an astonishing feat. By continuing to focus on the patients they are serving, the Wound Care Center at Carolinas HealthCare System NorthEast is able to continually provide the highest quality of care and customer satisfaction in the field of wound healing. Each member of the team is fully invested in developing a personal connection with patients on their road to recovery. This patient-centered approach should be championed as a model for all medical centers in North Carolina and across the country. With nearly six million people affected by problem wounds across the country at any given time, wound care centers remain an important part of our health care system. There is no doubt in my mind that Wound Care Center at Carolinas HealthCare System NorthEast will continue to be a leader in this crucial field.

Mr. Speaker, please join me today in congratulating the entire team at the Wound Care Center at Carolinas HealthCare System NorthEast for earning the Robert A. Warriner III, M.D., Center of Excellence award.

SAVING A LIFE WHILE ON A SUNDAY JOG

HON. RICHARD M. NOLAN

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. NOLAN. Mr. Speaker, I rise today to recognize Thomas Stolee of Duluth, Minnesota for intervening and ultimately thwarting a suicide attempt.

Thomas's usual Sunday afternoon jog around the University of Minnesota Twin Cities Campus became a life-saving experience after he spotted a woman standing at the edge of a bridge over the Mississippi River. She appeared ready to jump, and when Thomas asked if she was in trouble, she ordered him to leave.

Despite his best efforts at persuasion, the woman proceeded with her attempt to leap from the bridge. At that moment, Thomas jeopardized his own safety as he lunged forward and pulled her back from the precipice. Following the incident, a passing campus security patrol stopped to provide assistance. Thomas saved the life of a total stranger that day. However, those close to him were not surprised by the college freshman's compassion and heroism.

I ask my colleagues to join me in recognizing and thanking Thomas Stolee for his courage in saving the life of a desperate person in need.

IN HONOR OF THE 70TH ANNIVERSARY OF THE MOHAVE ELECTRIC COOPERATIVE

HON. PAUL A. GOSAR

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mr. GOSAR. Mr. Speaker, I rise today to honor the 70th anniversary of the Mohave Electric Cooperative (MEC).

MEC is a locally-based, member-owned, not-for-profit electric distribution cooperative that provides electricity to several communities in rural Arizona. When MEC was originally incorporated in 1946 it served just five miles of line and 90 meter locations. Today, under the watchful eye of its Chief Executive Officer, Tyler Carlson, it serves over 1,500 miles of line and more than 39,000 electric meters in the communities of Mohave Valley, Hackberry, Fort Mohave, Peach Springs, and Wickieup, Arizona.

MEC was established using a loan from the Rural Electrification Administration. These loans were made available to create energy distribution systems for isolated communities that for-profit power companies considered unprofitable. This program brought electricity to communities across the country that may not have received it otherwise—including communities in rural Arizona. In this manner, MEC has brought modern amenities to rural Arizona at affordable rates. It is a true accomplishment and an infrastructure milestone.

Because MEC is a member-owned not-for-profit their rates reflect their expenses—they are not increased to achieve profitability. This has allowed MEC to establish a history of providing excellent service at competitive rates. I am very grateful for their efforts to supply reliable and affordable electricity to my constituents. I look forward to seeing their continued success over the next 70 years.

TITAN ROBOTICS

HON. JACKIE WALORSKI

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2016

Mrs. WALORSKI. Mr. Speaker, I rise today to recognize Titan Robotics from Trinity School at Greenlawn in South Bend. Next week, they will travel to California to compete in the Legoland North American Open Invitational Championship.

I recently had the opportunity to speak with these students about their project, in which they were challenged to find new ways to help the environment. They discovered that recycling labels on plastic wrappers were often hidden or unclear, making consumers less

likely to recycle. After hours of research, they proposed a label that would wrap around plastic wrappers, making it easier to see if the product is recyclable. They proposed another label to inform consumers if the product is not recyclable.

Mr. Speaker, I commend these kids for their hard work and wish them the best of luck at their competition. I also want to thank the parents, coaches, teachers, principals, and everyone in the community who has supported them. I submit the names of the students and coaches.

Names of Students on Titan Robotics:
Helena Drake
Graham Harding
Jackson Kirby
Ceci Kurdelak
Peter Rossi
Names of Coaches on Titan Robotics:
Gene Harding
Jeff Kirby
Frank Rossi

Daily Digest

Senate

Chamber Action

The Senate was not in session and stands adjourned until 2 p.m., on Monday, May 16, 2016.

Committee Meetings

No committee meetings were held.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 20 public bills, H.R. 5223–5242; and 2 resolutions, H. Res. 729 and 730 were introduced. **Pages H2385–86**

Additional Cosponsors: **Pages H2386–87**

Reports Filed: Reports were filed today as follows:

H.R. 4743, to authorize the Secretary of Homeland Security to establish a National Cybersecurity Preparedness Consortium, and for other purposes, with an amendment (H. Rept. 114–565);

H.R. 4780, to require the Secretary of Homeland Security to develop a comprehensive strategy for Department of Homeland Security operations abroad, and for other purposes, with an amendment (H. Rept. 114–566); and

H.R. 3832, to amend the Internal Revenue Code of 1986 to prevent tax-related identity theft and tax fraud, and for other purposes, with an amendment (H. Rept. 114–567, Part 1). **Pages H2384–85**

Journal: The House agreed to the Speaker's approval of the Journal by a yea-and-nay vote of 235 yeas to 160 nays with two answering ''present'', Roll No. 192. **Pages H2354–55**

Comprehensive Addiction and Recovery Act of 2016: The House passed S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use, by a yea-and-nay vote of 400 yeas to 5 nays, Roll No. 193. **Pages H2346–54, H2355–74**

Pursuant to H. Res. 725, an amendment in the nature of a substitute consisting of the texts of each of the following bills shall be considered as adopted: H.R. 4641, H.R. 5046, H.R. 4063, H.R. 4985, H.R. 5048, H.R. 5052, H.R. 4843, H.R. 4978, H.R. 3680, H.R. 3691, H.R. 1818, H.R. 4969, H.R. 4586, H.R. 4599, H.R. 4976, H.R. 4982, H.R. 4981, and H.R. 1725, in each case as passed by the House. **Page H2346**

Pursuant to Sec. 3 of H. Res. 725, the title was amended so as to read: ''To authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes.''. **Page H2346**

H. Res. 725, the rule providing for consideration of the bill (S. 724) was agreed to by a recorded vote of 240 ayes to 165 noes, Roll No. 191, after the previous question was ordered by a yea-and-nay vote of 232 yeas to 172 nays, Roll No. 190. **Pages H2353–54**

Comprehensive Addiction and Recovery Act of 2016—Motion to go to Conference: The House agreed by unanimous consent to the Brooks (IN) motion to take from the Speaker's table S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use, insist on its amendments, and request a conference with the Senate thereon. **Pages H2374–76**

Debated the Esty motion to instruct conferees. Further proceedings were postponed. **Pages H2374–76**

Meeting Hour: Agreed by unanimous consent that when the House adjourns today, it adjourn to meet at 12 noon on Monday, May 16th for Morning Hour debate. **Page H2376**

Commission on International Religious Freedom—Appointment: The Chair announced the

Speaker's appointment of the following individuals on the part of the House to the Commission on International Religious Freedom for a term effective May 14, 2016, and ending May 14, 2018: Mr. Daniel I. Mark of Villanova, PA and Ms. Kristina Arriaga of Alexandria, VA to succeed Dr. Robert P. George. **Page H2382**

Senate Message: Message received from the Senate today appears on page H2374.

Quorum Calls—Votes: Three yea-and-nay votes and one recorded vote developed during the proceedings of today and appear on pages H2353–54, H2354, H2354–55 and H2373–74. There were no quorum calls.

Adjournment: The House met at 9 a.m. and adjourned at 1 p.m.

Committee Meetings

CONCUSSIONS IN YOUTH SPORTS: EVALUATING PREVENTION AND RESEARCH

Committee on Energy and Commerce: Subcommittee on Oversight and Investigations held a hearing entitled ''Concussions in Youth Sports: Evaluating Prevention and Research''. Testimony was heard from public witnesses.

INCORPORATING SOCIAL MEDIA INTO FEDERAL BACKGROUND INVESTIGATIONS

Committee on Oversight and Government Reform: Subcommittee on Government Operations; and Subcommittee on National Security, held a joint hearing entitled ''Incorporating Social Media into Federal Background Investigations''. Testimony was heard from William Evanina, Director of National Counterintelligence and Security Center, Office of the Director of National Intelligence; Beth Cobert, Acting Director, Office of Personnel Management; and Tony Scott, Chief Information Officer, Office of Management and Budget.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR MONDAY, MAY 16, 2016

(Committee meetings are open unless otherwise indicated)

Senate

No meetings/hearings scheduled.

House

Committee on Rules, Full Committee, hearing on H.R. 4909, the ''National Defense Authorization Act for Fiscal Year 2017'' [general debate], 5 p.m., H–313 Capitol.

Next Meeting of the SENATE

2 p.m., Monday, May 16

Senate Chamber

Program for Monday: After the transaction of any morning business (not to extend beyond 4:30 p.m.), Senate will begin consideration of the nomination of Paula Xinis, of Maryland, to be United States District Judge for the District of Maryland, and vote on confirmation of the nomination at approximately 5:30 p.m.

Next Meeting of the HOUSE OF REPRESENTATIVES

12 p.m., Monday, May 16

House Chamber

Program for Monday: To be announced.

Extensions of Remarks, as inserted in this issue

HOUSE

Bass, Karen, Calif., E696
Capps, Lois, Calif., E698, E701
Comstock, Barbara, Va., E698, E699
DeFazio, Peter A., Ore., E699
DeGette, Diana, Colo., E699
DeLauro, Rosa L., Conn., E700
Forbes, J. Randy, Va., E700
Gosar, Paul A., Ariz., E701
Green, Al, Tex., E699
Hastings, Alcee L., Fla., E696
Hudson, Richard, N.C., E697, E701
Jolly, David W., Fla., E697
Keating, William R., Mass., E696, E700
Lipinski, Daniel, Ill., E695
Nolan, Richard M., Minn. E695, E701
Norcross, Donald, N.J., E695, E699
O'Rourke, Beto, Tex., E696
Palazzo, Steven M., Miss., E698
Pallone, Frank, Jr., N.J., E696
Rothfus, Keith J., Pa., E695
Sánchez, Linda T., Calif., E698
Thompson, Mike, Calif., E698
Upton, Fred, Mich., E697
Walorski, Jackie, Ind., E700, E701

Congressional Record

The *Congressional Record* (USPS 087–390). The Periodicals postage is paid at Washington, D.C. The public proceedings of each House of Congress, as reported by the Official Reporters thereof, are printed pursuant to directions of the Joint Committee on Printing as authorized by appropriate provisions of Title 44, United States Code, and published for each day that one or both Houses are in session, excepting very infrequent instances when two or more unusually small consecutive issues are printed one time. ¶Public access to the *Congressional Record* is available online through the U.S. Government Publishing Office, at *www.fdsys.gov*, free of charge to the user. The information is updated online each day the *Congressional Record* is published. For more information, contact the GPO Customer Contact Center, U.S. Government Publishing Office. Phone 202–512–1800, or 866–512–1800 (toll-free). E-Mail, *contactcenter@gpo.gov*. ¶To place an order for any of these products, visit the U.S. Government Online Bookstore at: bookstore.gpo.gov. Mail orders to: Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197–9000, or phone orders to 866–512–1800 (toll-free), 202–512–1800 (D.C. area), or fax to 202–512–2104. Remit check or money order, made payable to the Superintendent of Documents, or use VISA, MasterCard, Discover, American Express, or GPO Deposit Account. ¶Following each session of Congress, the daily *Congressional Record* is revised, printed, permanently bound and sold by the Superintendent of Documents in individual parts or by sets. ¶With the exception of copyrighted articles, there are no restrictions on the republication of material from the *Congressional Record*.

POSTMASTER: Send address changes to the Superintendent of Documents, *Congressional Record*, U.S. Government Publishing Office, Washington, D.C. 20402, along with the entire mailing label from the last issue received.