

We need to empower all patients with more choice while also offering solutions for the uninsured and those with preexisting conditions. And there is a way. For decades, Republicans have proposed patient-centered, market-based answers to our health insurance challenges.

Today's historic vote, which is a victory over HARRY REID's 5 years of obstruction, gets us a step closer to real reform. I urge the President to sign today's bill.

### FACES OF ADDICTION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentlewoman from New Hampshire (Ms. KUSTER) is recognized for half the time remaining before 10 p.m. as the designee of the minority leader.

Ms. KUSTER. Mr. Speaker, this evening I rise as the co-chair of the Bipartisan Task Force to Combat the Heroin Epidemic to call upon my colleagues to refocus our efforts on bringing an end to the opioid epidemic that continues to threaten communities all across New Hampshire and across this country.

The opioid epidemic has grown to historic proportions. Our medical providers are struggling to keep up with the flow of overdoses entering our clinics and to secure treatment for those who need it.

Our law enforcement, as first responders, have taken on the burden of responding to more and more potentially dangerous situations when a call for help comes in, and these calls are becoming more and more frequent. Statistics now show that more Americans die from drug overdoses than do in car crashes in this country.

In my home State of New Hampshire, the opioid epidemic continues to grow. In 2015 alone, the total number of drug deaths in the Granite State exceeded 400, more than one per day, far surpassing the current record of fatalities set just last year at 324.

There is no doubt that these numbers are staggering. But behind each and every one of these numbers is a daughter or a son, a mother or a father, a community leader or a neighbor whose life was precious and whose death has inflicted terrible pain on loved ones.

For every life lost, there are also many more individuals and families whose lives have been forever changed by opioid misuse. We must never forget or overlook what each number represents.

As the epidemic has continued to infiltrate communities across New Hampshire and New England, experts and advocates have risen to challenge opioid abuse in a number of important ways and sometimes from unexpected places.

My dear friend Kriss and I have known each other for years now, and she has taken it upon herself to be a champion of this issue. Through her

unique position as a premier cosmetologist in the State and the makeup artist of choice for many of the Presidential candidates that pass through New Hampshire during primary season, Kriss has forced a conversation about the need to end the opioid epidemic onto the national stage.

Kriss has emerged as a leader on the issue back home, and she and her husband, Mark, continue to display remarkable courage and strength as she shares the story of her stepdaughter, Amber, who is with me here today in this Chamber, who lost her life to a heroin overdose.

Kriss' hope is that her experience might help and enact real change. So with Kriss' and Mark's blessing tonight, it is my honor to share Amber's story with you.

As Kriss puts it, Amber was the girl who helped everyone else. But, tragically, she could not help herself once she took that first drug at the young age of 15.

As Amber's stepmother, Kriss came into her life when she turned 17. At that point, Amber had already passed through the gateway drugs of over-the-counter Benadryl, marijuana, alcohol, and prescription opiates that were available on the streets.

□ 2030

She suffered from untreated bipolar disorder, but she did not have access to the appropriate medication and, like so many others, was left uncomfortable in her own skin, self-prescribing medication to find relief.

In Kriss' words, Amber was a girl hard to catch. She chose "life on the run."

When she found herself living on the streets, she would help others by giving them the coat off her back, panhandling to buy food, or helping others as they detoxed from heroin while homeless.

By age 20, she took her first hit of heroin and became spellbound by it. It made choices for her. She had the opportunity to have a loving home, an education, and parents that could support her recovery, but her addiction led her to a life of homelessness on the streets of Manchester, New Hampshire.

After four incarcerations in the last 2 years of her life for heroin possession and prostitution, she was a victim of trafficking on the streets of Manchester to maintain her high.

When incarcerated and craving treatment, a bed finally became available for Amber at a wonderful treatment center in New Hampshire, but, meanwhile, the prison would not let her out. The prison itself offered no recovery. When she was released, the bed was no longer available. Amber even had to lie to the emergency room to get help by saying, "I want to kill myself."

She detoxed in that hospital, but no recovery aftercare was available. Kriss and her husband, Mark, brought Amber home, and on the third night, she fled

home leaving them a note that said, "I have to go back to my people."

The last time that Kriss and Mark saw her was Easter Sunday. She was high, vacant, and the drug had consumed her soul. Three days later she was found in an alley dead of a heroin overdose. She was 22 years old.

Her death would be easy to blame on institutional failure to ensure that those in need can access resources or on a general lack of empathy for individuals crippled by addiction. Kriss and Mark have made a conscious effort to use Amber's life, her death, and her ongoing vibrant spirit to wake up the hearts and minds of those who have the power to change fate.

Tonight, I share Amber's heart-wrenching story in the hopes that we can all recognize opioid abuse is not a disease singular to a certain socioeconomic group or race or region. It can take hold of anyone.

Amber's parents have been incredibly brave to share her story and to come to Washington to push for reform. We need to erase the stigma from substance abuse disorder, and we need to be far more honest and productive considering the effect on daughters or sons, mothers or fathers.

That is why tonight we called our colleagues together for this Special Order so that we can speak from both sides of the aisle and share the lives of friends and loved ones. It is my intention that by honoring those we have lost and by acknowledging the complexities of opioid abuse and the human lives that are behind these fatalities, we can come together to convey the urgency behind bringing an end to the opioid epidemic.

I yield to the gentleman from New Hampshire (Mr. GUINTA).

Mr. GUINTA. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I am proud to join bipartisan Members, Republicans and Democrats from around the country, to talk about heroin use, an increasingly deadly public health crisis. I welcome Kriss and Mark from New Hampshire, who are here today to honor the life of Mark's daughter.

A special thank-you to Congresswoman ANN KUSTER, my fellow Granite Stater and partner on our Bipartisan Task Force to Combat the Heroin Epidemic. We formed this task force last year to bring attention to opiate addiction and overdose spreading nationwide. Now over 40 House Members have joined our task force and this cause.

We aim to inform not just members of the public, but the Nation about the tragedies and the challenges that face our families, our communities, our States, our loved ones, and our friends. We are here not just to combat this epidemic, but bring solutions not just to this body, but to every area of the Nation.

Congresswoman KUSTER and I have held a roundtable with addiction and law enforcement experts in Concord, New Hampshire, our home State. We

held a subsequent policy briefing in Washington, D.C., featuring officials from the Drug Enforcement Agency, Centers for Disease Control, and other Federal agencies.

They are providing a fuller picture of the scope of the problem, which in New Hampshire has claimed 400 lives in 2015. To put that figure in perspective, 1 out of every 3,000 people have died of a heroin overdose just last year. The CDC reports that, nationally, overdose deaths have tripled over the last 10 years. These numbers, unfortunately, are likely to rise.

But numbers don't tell the whole story. To truly illustrate the dangers of heroin use, we need to hear from fathers like Doug Griffin of Newton in New Hampshire's First Congressional District. At a forum yesterday in Manchester, New Hampshire, where I proudly served as mayor, he told the audience about his daughter Courtney, who fell victim to heroin at just 20 years young.

Doug remembers his daughter as an exuberant young girl who had a great sense of humor and a passion for life until a mix of prescription pills, fentanyl, and street heroin ensnared Courtney—like millions of other Americans—in a fatal web of addiction. Before the drugs overcame her, she played music and she loved s'mores.

She wanted to be a marine and trained for it. But just 3 years later, Courtney was lost on the streets, in and out of rehab facilities. She no longer had the will to live. Because Courtney's situation was so dire, because it seemed like they had so few options, Doug said he and his family hid the truth from the outside world. Bravely, Doug is now telling everyone he knows about the warning signs of heroin addiction and deficiencies in our public response.

Tonight is about telling the truth in order to build momentum towards better solutions. It is about putting political disagreements aside, because the heroin epidemic crosses party lines. It crosses every congressional district in the United States.

The truth is addiction strikes every demographic and every geographic region. There are too many stories like Courtney's. However, we also have a wealth of ideas to combat this problem. Congresswoman KUSTER and I formed the Bipartisan Task Force to gather those stories and ideas and assemble them into effective legislation.

We introduced the STOP ABUSE Act as the first order of business to coordinate law enforcement and public health agencies at the Federal, State, and local levels. The bill targets high-intensity drug trafficking areas for special attention. Newton, New Hampshire, where Doug Griffin's daughter died of an overdose, lies on such a route just north of the Massachusetts border.

The STOP ABUSE Act creates a stronger prescription pill monitoring program. In fact, it was overprescribed

legal opiates that hooked Courtney in the first place. Personally, I have introduced legislation to increase access to lifesaving overdose medication.

The STOP ABUSE Act includes treatment and prevention grants to localities overwhelmed by the scale of addiction, as my colleagues gathered here tonight will continue to tell you. They have their own stories and their own ideas to share. I am grateful for their partnership and leadership as we work together to combat heroin abuse in the United States.

Ms. KUSTER. Thank you, Mr. GUINTA.

Mr. Speaker, I yield 4 minutes to the gentleman from Massachusetts (Mr. NEAL).

(Mr. NEAL asked and was given permission to revise and extend his remarks.)

Mr. NEAL. First, Mr. Speaker, I want to call attention to the efforts that have been made by Congresswoman KUSTER and Congressman GUINTA. When Congresswoman KUSTER approached me on this issue, I was all too happy to join in. I think that the perseverance that she has offered in the early days on this is, I think, a challenge for all of us across New England, because what has happened across New England now is gripping in terms of the attention that this issue has drawn.

But I want to call attention specifically to a very important case in which there is an individual whom I had a chance to witness his testimony. At the same time, I intend to quote liberally from the Springfield Republican, which is the paper of record for western Massachusetts.

I want to call attention tonight to a former Ludlow, Massachusetts, police lieutenant, Thomas Foye. Lieutenant Foye had a strong upbringing with supportive parents, a college education, a good marriage, three children, and a long career as a lieutenant in the Ludlow Police Department.

The 50-year-old was a longtime head of the detective bureau and even served on an FBI task force. He arrested many drug addicts and responded frequently to overdoses. He was at the scene of many drug-related suicides. He warned schoolchildren about the dangers of drugs. He was even an official who had been elected to the Ludlow School Committee.

That was, however, until he got addicted to OxyContin pills following shoulder surgery. Two surgeries and more pain medication prescriptions later, Lieutenant Foye found himself admitting that he was addicted.

After trying to quit on his own multiple times and suffering sickening withdrawals, he turned to his doctor for help. The same doctor who had originally prescribed him OxyContin now prescribed him more pills to both wean him off the painkillers and to put an end to his sickness.

When none of that worked, Foye admits that he broke the law and began to acquire pills illegally, taking them

straight from his police department's own evidence room. When he was arrested in his office at the Ludlow Police Department in 2013, he was charged with tampering with substances, two counts of possession of a class B substance—cocaine and OxyContin—and two counts of larceny of a drug. Subsequently, he was sentenced to 2 years in jail.

He said that it was not fear, dread, or panic that he felt when the investigation finally came to a head; rather, he felt relief. He now would be able to get help.

He talks about the police officer who stayed with him in the detox facility following his arrest. "Some day I want to be that guy," he said. "There needs to be some dignity in drug addiction treatment."

Lieutenant Foye was lucky in the sense that he survived his addiction and is telling his story to help others. Those who have not survived, including eight people this weekend in my congressional district in a very small geographic area, died from a lethal string of heroin that was identified as the Hollywood brand.

The Opioid Overdose Reduction Act of 2015 would exempt from civil liability emergency administration of opioid overdose-reversing drugs, like naloxone, by people who prescribe or are prescribed them. Senator MARKEY has offered the same legislation down the hallway in the United States Senate.

When an opioid overdose occurs, administration of an opioid-reversal drug is necessary to prevent death, but it must occur within a certain window of time before the chance of survival is lost. This is a time of quick action, not deliberations or a potential lawsuit.

Every day, 120 people die as a result of drug overdoses fueled by prescription painkillers, and another 6,748 are treated in emergency rooms for the misuse or abuse of illegal drugs. According to The Washington Post, "overdosing is now the leading cause of accidental death in the United States, accounting for more deaths than traffic fatalities or gun homicides and suicides. Fatal overdoses from opiate medications such as oxycodone, hydrocodone, and methadone have quadrupled since 1999, accounting for an estimated 16,651 deaths in 2010."

It is time to bring a face to those affected by addiction and stop the epidemic in communities across this country.

I want to close as I started with a note of congratulations to Ms. KUSTER and to Mr. GUINTA for calling attention to what is really happening across New England now. We need to be mindful of the lives that are being destroyed and the families that are succumbing to this torture over long, long periods of time trying to treat those who are addicted and to make sure they get adequate help.

Ms. KUSTER. Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I thank the gentleman from New Hampshire (Mr. GUINTA) and the gentlewoman from New Hampshire (Ms. KUSTER) for organizing this Special Order this evening, and also for the participation with the Bipartisan Task Force to Combat the Heroin Epidemic; and to also recognize the individuals from New Hampshire, Kriss and Mark, who came down, and for the bravery in sharing the story of Amber and how it is important for all of us to be reflecting on this very serious crisis that we have.

Many of our communities have been hit hard by the opioid abuse epidemic. Like other regions of the country, this brutal epidemic is affecting western Pennsylvania, destroying lives, breaking up families, and claiming far too many of our loved ones.

Vonda Probst from Friedens, Pennsylvania, knows firsthand the devastating reality of losing a loved one to drugs. Nearly 2 years have passed since Ms. Probst lost her son, Jared Carter, to a heroin overdose. Jared enjoyed motorcycle riding, four-wheeling, fixing old cars, and just being outdoors. He would have turned 30 this last summer.

□ 2045

There are far too many stories like Jared's in Pennsylvania and throughout our Nation, lives full of potential and value that are cut short by drug abuse.

According to the National Institute on Drug Abuse, last year alone there were well over 10,000 heroin overdose deaths. This number reflects a six-fold increase in the number of heroin deaths since 2001.

In my State of Pennsylvania alone, drug overdose deaths have increased by 470 percent over the past two decades, and heroin and opioids are increasingly to blame. These drugs have been responsible for the loss of nearly 3,000 lives in our State in just the last 5 years.

Parts of the 12th District have been especially hard hit as heroin use is the leading cause of accidental deaths. In fact, in 2012, there were a record 261 drug overdose deaths in Allegheny County, which is more than Allegheny County's traffic fatalities and homicides put together and is 30 percent higher than the State average. In Cambria County, the drug overdose death rate is nearly double the State average.

These statistics are horrifying, but behind the numbers are people and tragedy. Every heroin-related death cuts short a valuable human life that should have ended with a much brighter and a much later chapter. Every American who dies from a drug overdose is a person who had dignity and potential. Without adequate assistance, however, each one did not have hope.

It is time to turn a new page in order to proactively defeat this deadly epi-

dem with renewed dedication. As a member of the Bipartisan Task Force to Combat the Heroin Epidemic, I am strongly committed to ending this scourge.

We need to find new ways to combat this crisis and to continue learning from our community-based organizations on how they are providing help on the front lines. I have worked with local leaders in my district, such as Reverend Sylvia King, the pastor and founder of Johnstown's Christ Centered Community Church, which provides drug recovery services and counseling. I have also worked with local law enforcement and other treatment groups to make sure the necessary resources are available to help those in need.

Here in Congress we also need to be looking at legislative responses to help address this issue. In the past, I have supported increased funding for the Byrne Memorial Justice Assistance Grant Program, which provides resources and support for heroin victims through prevention and education programs as well as drug treatment and enforcement.

I am also a cosponsor of legislation that has been introduced by Representatives SUSAN BROOKS and JOE KENNEDY—the Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act—to reauthorize the Prescription Drug Monitoring Programs that are so critical to local law enforcement efforts, to increase access to the life-saving opioid reversal drug Naloxone, and to raise public provider and patient awareness of opioid drugs and their link to heroin.

We must remember heroin's victims, such as Jared Carter and so many other like him, who have lost their lives. Let's galvanize the support necessary to stop these tragedies. We must be mindful in that people, as they watch this discussion this evening, may know somebody who is hurting right now, somebody in need. It may be somebody, himself, who is watching.

Get help. Reach out. Don't do this alone.

I thank the gentleman from New Hampshire, and I thank the gentlewoman from New Hampshire for organizing this Special Order. I look forward to continuing to work back home and here in D.C. to address this crisis.

Mr. GUINTA. I thank the gentleman from Pennsylvania for sharing that heartfelt story as well as the challenges that your community is facing.

Ms. KUSTER. Mr. Speaker, I yield to the gentlewoman from Illinois (Mrs. BUSTOS).

Mrs. BUSTOS. I thank the gentlewoman from New Hampshire for yielding time on this critically important issue.

I also thank the gentlewoman and Congressman GUINTA for pulling this Special Order together and for their hard work on the Bipartisan Task Force to address this heroin epidemic.

Mr. Speaker, as the heroin epidemic sweeps the Nation, too many families

and communities are mourning the deaths of loved ones who have been lost over the years due to heroin addiction and addiction to painkillers. One of the lives we lost not too long ago was in a town called Rockford, Illinois, which is in the heart of my congressional district.

The gentleman's name was Chris Boseman. He was 32 years old when he died in the summer of 2014. He was a kind, tender-hearted son and brother. He had a back injury that led to his addiction to pain medication.

When he could no longer get relief from that pain medication, he began to buy different kinds of pain relief on the street. As the costs would add up, his dealer told him about something called heroin and that he could get this for \$10.

After his first overdose, Chris tried hard to fight his addiction. He had a couple of relapses, but it appeared that he had been successful in overcoming this addiction.

He enrolled at Rock Valley College, a community college, where he studied construction management. He was 1 year away from graduating. No one knew that he was still fighting this battle because he was ashamed of it. One night he was home alone—he was just over 1 year clean—when he relapsed again and died.

The sad thing is that Chris' story is all too common. In fact, I lost a member of my own family to the heroin epidemic when my brother-in-law's son died after overdosing on heroin in the summer of 2013.

He was not the kind of kid one would think would be taking something like heroin. His dad had no idea. His family had no idea. He was a college football player. He was a musician. He was an avid weight lifter and was just a red-headed kid who was fun to be around.

Yet, when he injured his back and his knee and felt that he needed more than just aspirin and a little physical therapy to overcome this pain, he got on painkillers. As we are telling these stories this evening, this eventually led to his trying heroin as a way to relieve his pain. It was probably, they thought, the third time that he took heroin. He ingested what would be considered pure heroin, and he died.

I am here to say that we can no longer sit on the sidelines while folks in our communities and our family members are suffering and are dying, when parents are burying their children, and when the men and women who are struggling with this addiction are crying out for help.

We also know that heroin use is increasing among young people, especially in my home State of Illinois, with a nearly 50 percent increase in the use of heroin just in the last several years.

In Winnebago County, which is where Rockford is, which I was talking about earlier, there were 51 heroin-related deaths in 2013 alone. In Peoria, which is also in the heart of my congressional

district, emergency responders see at least one heroin overdose every single day.

Perhaps the most troubling is not just this rapid increase in the usage or in the rising number of overdoses, but in our inability to treat those who need it the most. While heroin use is increasing rapidly in every region of my home State, there has been a dramatic decrease in the availability of treatment. In fact, Illinois ranked worst—last in the Nation—in the overall decline in treatment capacity.

While we are at the height of this heroin epidemic, last year our Governor proposed a budget that would cut our already inadequate State-funded treatment programs by 60 percent.

To make matters worse, the ongoing budget crisis in Illinois has gutted the funding for treatment programs like one in my district of Rockford. It is called Remedies Renewing Lives. That is why next week, when the President gives his State of the Union, my guest will be a guy named Gary Halbach, who is the president of Remedies.

It is so he can witness the State of the Union and so he can talk about the important work that he and his colleagues at Remedies are doing every single day. Under the pressure of tremendous budgetary shortfalls, Gary and his team have been on the front lines in providing treatment to heroin addicts and support for victims of domestic violence.

We will not end the heroin epidemic if the programs that have been proven to help continue to be undermined and significantly underfunded. We cannot turn a blind eye to the families and to the communities that have been affected by the heroin epidemic. They deserve better. They deserve solutions.

Ms. KUSTER. For the record, this concept of bringing the faces of addiction to the floor of the House was the idea of the gentlewoman from Illinois. I thank her for that.

Mr. Speaker, I yield to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Mr. Speaker, I appreciate the opportunity to speak tonight. As I stepped to the podium, I noticed two of the values that America has etched into or has carved into the Speaker's rostrum, "liberty" and then, to my left, "peace."

They are two values that we hold dear; yet, they are two values that are lost to people when they come under the cruel, cruel domination of heroin and other opiates. So it is good for us to talk about this tonight but, more importantly, for us to do something about it.

I thank Congressman GUINTA, Congresswoman KUSTER, and my colleagues who are participating in this Special Order, which highlights the ongoing epidemic of heroin and prescription drug abuse.

Mr. Speaker, I rise today as a member of the Bipartisan Task Force to Combat the Heroin Epidemic in order to discuss a growing public health cri-

sis in the United States and, more personally, to discuss a crisis occurring in my home district, the Michigan Seventh.

You see, we can talk statistics over and over again, but, really, this is all about lives: friends, family, neighbors, people who are highly respected, and people whom we wouldn't know. Yet, they are impacted. The tragic stories of prescription drug abuse and fatal overdoses hit close to home in far too many Michigan communities.

Through September of this year, Washtenaw County, the home of the University of Michigan, suffered 41 opioid overdose deaths.

Local law enforcement officials in Monroe County—the gateway to Michigan from Ohio—believe the number of heroin overdose deaths in 2015 will top those in 2014.

In Jackson County, which is in the center of the State, the total number of drug overdoses has nearly tripled in the last 5 years. In 2015, 131 overdoses were reported.

These are troubling statistics, but, again, they are about lives, people. Behind these numbers are real individuals and families who have been affected by this tragic epidemic.

On May 17, 2010, Andrew Hirst died of a heroin overdose at the age of 24. For his father, Mike Hirst, a respected businessperson in Jackson, Michigan, this tragic loss has led him to dedicate himself to stopping heroin overdoses in the Jackson area by sharing the experience of his son's death and the life of his family.

For the past 5 years, Mike has counseled addicts, supported families, and mentored at-risk youths away from heroin and opiate drugs through his foundation, Andy's Angels. In addition, he has led educational efforts to inform people of the link between prescription opioid use and heroin addiction.

He has also teamed up with local police agencies to investigate heroin dealers in order to eliminate access points for this deadly drug. In recognizing his tireless efforts, the Jackson Citizen Patriot newspaper recently named Mike Hirst their Citizen of the Year.

Fortunately, Mike is not alone in this fight. Across Michigan's Seventh District, communities are ramping up education and prevention efforts as well as enforcement strategies. For example, Monroe County recently held its third annual Prescription Drug Abuse and Heroin Summit.

Jackson County held its second drug summit in December, and the County Prosecutor's Office plans to host a series of additional meetings in 2016. I applaud them for that.

Local efforts to raise awareness and to fight this growing epidemic are also underway in Branch, Eaton, Hillsdale, Lenawee, and Washtenaw Counties. Fighting against heroin and opioid abuse will take the work of citizens, treatment providers, law enforcement, and elected officials at every level, including each of us.

In Congress, we must continue to pursue legislative solutions to improve the coordination between Federal agencies and the States and to equip our first responders on the front lines.

Just as importantly, Mr. Speaker, we can promote awareness in our communities and support those who have been affected by this crisis.

Tonight's speeches aim to raise the profile of this issue, to increase education, and to honor people like Mike Hirst who are fighting to save others from the dangers of drug overdoses and to bring liberty and peace back to people's lives.

Mr. GUINTA. I thank the gentleman from Michigan for outlining, through the lens of liberty and peace, the challenge that Andrew Hirst and his father, Mike, have endured. My heart is with them and with your constituents.

I also want to thank you for your hard work on the Bipartisan Task Force. I look forward to your continuing leadership in Michigan and here in Washington, D.C.

Ms. KUSTER. Mr. Speaker, may I inquire as to the remaining time?

The SPEAKER pro tempore. The gentlewoman from New Hampshire has 13 minutes remaining.

□ 2100

Ms. KUSTER. Mr. Speaker, I yield to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Mr. Speaker, I thank the gentlewoman and the gentleman from New Hampshire, our colleagues who have made available this Special Order this evening through the auspices of the Bipartisan Task Force to Combat the Heroin Epidemic.

As co-chair of a similar panel, the bipartisan caucus that addresses the disease of addiction, it is important, I believe, to share information and encourage response out there from the general public to drive the policy process here in Washington.

According to SAMHSA's National Survey on Drug Use and Health, the use of heroin has almost tripled in the past 8 years, going from 161,000 in 2007 to some 435,000 in 2014. Much of what is fueling this epidemic has been the proliferation of stronger and stronger prescription drug painkillers. Many individuals first get addicted to these prescription drugs and then turn to heroin as a cheaper alternative.

One in 15 people who take prescription pain relievers for a nonmedical use will try heroin within 10 years. These statistics are sobering and require a degree of response, an ultimate response, with great emergency.

I have seen these issues firsthand in my district, and all of my colleagues are acknowledging here that it is beyond the Northeast. It is penetrating our Nation.

While there has been increased congressional interest in these crises, not enough is being done to effectively end the epidemic. First, we need to increase funding for the Substance Abuse

Prevention and Treatment Block Grant. This funding stream represents the cornerstone of our States' response, their substance abuse prevention, their treatment and recovery systems.

Unfortunately, funding has not kept up with inflation over the past decade and adjusted for inflation, so we are actually funding the block grant program at a level that is some 25 percent less than we were in 2006. Contrasted to the stats that I shared on the growth of this epidemic, it is simple. It is immoral that we are not doing more.

In addition, we need to make certain that we are increasing access to effective, evidence-based treatments. One way we could do this is to raise the DATA 2000 caps that limit the number of patients that a doctor can treat with buprenorphine, which is a medication-assisted treatment for opioid abuse.

There are many doctors who have months-long, if not years-long, waiting lists of patients seeking help with their addictions, yet they cannot get in the door for treatment due to this arbitrary cap.

I was proud to join with my colleague from upstate New York, Representative HIGGINS, in introducing the TREAT Act to address the issue of prescriber caps, and I hope to continue to work with interested Members on both sides of the aisle to address the issue of access to treatment.

Again, I thank my colleagues for bringing attention to this critical epidemic here this evening. Let's get the people's business done.

Ms. KUSTER. Mr. Speaker, I yield to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Mr. Speaker, I thank the gentlewoman for her work on this.

Tonight, I want to share the story of a young man from my district, James Brendan Bye. His mother, Barbara, a good friend of mine, shared her story with me and asked that I share it tonight with this Congress and with the country.

Brendan was born on August 3, 1989, followed by his sister, Megan Elizabeth. Their father left early on, leaving Barbara as a single working parent. Another sibling, Preston, blessed them in 1999.

Brendan was a wonderful kid, a respectful young man, an honor student. His love of playing sports was never realized because of asthma.

In his senior year of high school, things changed. He became paralyzed with fear, couldn't go to school, dropped out, and spent a year looking for help. He met friends that turned out to be bad influences, made experimental choices. His mother was aware of this sudden change and saw the signs of anxiety and depression.

Brendan, though, got his GED, started a job at 18, grateful for work in a city with high unemployment.

He struggled through his early twenties. His mother did everything in her power to help him. As a single

mom, she worked and raised a family of three on one paycheck, often finding herself needing to look for help, including Medicaid.

For Brendan, because his symptoms of mental illness were not so easily recognizable, help was harder to get. He was not properly diagnosed or treated. His treatment plan did not work. It was not successful. As he sunk further into depression, prescription drugs led to illegal drug use. He self-medicated.

His mother, Barbara, did not share her home life with others. For her, it was an element of confusion and shame which became the norm. Unfortunately, in their community of Grand Blanc, heroin was readily available. Like many other communities, lots of kids from all backgrounds were using and dying from heroin.

Brendan first overdosed when he was 24. He was saved by his grandfather, Al, who helped him get into rehab. He was able to get ongoing treatment at Sacred Heart in Flint, where he had a great counselor who helped him. Things were looking up.

Last year, Barbara was happy. All three of her kids were employed for the first time. Their future looked bright. Heroin, it seemed, was out of Brendan's life.

He started taking medication prescribed by a doctor to reverse the effects of heroin, volunteered at a food bank, loved nature, loved his pets, loved his brother and sister. His relationships flourished, especially with his Aunt Amy, Aunt Carla, and his cousins. As Barbara told me, "he was a beautiful person inside and out."

At the end of August this last year, things changed again. He was taken off prescription medication, and a short time later his mother and sister found him collapsed in his bedroom. Brendan, at the age of 26, on September 8 of last year, died.

For Brendan, he is now in heaven. His struggles with mental illness and addiction are gone. For his family and friends, they continue to grieve.

Barbara has become an advocate. She wants to make sure we honor Brendan and his life by making sure that those who need health care can get health care, those who need mental health services can get mental health services. Her message, and really Brendan's message, is that we have to do more as a society and as a nation to deal with this incredible problem. It is the way we honor those that we have lost. It is the way we honor Brendan.

Ms. KUSTER. Mr. Speaker, I ask unanimous consent if I could have an extra 5 minutes. I have three more speakers on our side of the aisle and one more Member would like to include Mr. DAVIS as a speaker.

The SPEAKER pro tempore (Mr. BISHOP of Michigan). The Chair cannot entertain that request for additional time.

PARLIAMENTARY INQUIRY

Mr. CICILLINE. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. Does the gentlewoman from New Hampshire yield for that purpose?

Ms. KUSTER. Yes.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. CICILLINE. Mr. Speaker, I believe the Chair can entertain requests for unanimous consent at any time.

The SPEAKER pro tempore. The Chair cannot entertain a unanimous consent request to extend a Special Order speech.

Ms. KUSTER. So as not to lose any of our precious time, I yield to the gentleman from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank my colleague. This is a very important issue that is affecting central Illinois that I am blessed enough to represent right here in this great institution.

As a Member of Congress, I have witnessed firsthand what heroin and opioids can do to communities like my hometown of Taylorville, Illinois. In my hometown of 12,000 people, I never would have thought, growing up in the 1980s, that a drug like heroin would cause such a scourge.

As a matter of fact, it is interesting to hear many of my colleagues talk about what is happening in their communities. Not too long ago, in that hometown of 12,000 people, our local newspaper had a coroner's jury report that I believe I remember mentioned four deaths in one coroner's jury report related to heroin and opioid overdoses. This is something in my community I never thought I would witness, and it is also something in my community that demands action.

I am so proud to sponsor the STOP ABUSE Act with my colleagues here tonight. What they are talking about and what everybody who has stood in front of this sign tonight has talked about is the importance of addressing opioid abuse. This bill is something that, because of small towns like my hometown, we are here to address. It has become a Federal issue.

I want to end by talking about a friend of mine, a gentleman that I grew up with, his family. He actually used to run our county health department at the time he was arrested for heroin use. Who would have thought that in a town of 12,000 people the director of the county health department would be addicted to heroin?

It doesn't matter what your socioeconomic status is, it doesn't matter what your job is, and it doesn't matter where you were born or who you were born to; you, too, can become addicted to heroin. That is why we have demanded action tonight. That is why I am thankful to be here. That is why I am thankful to be able to help each and every one of my colleagues in a bipartisan way to address this problem. Mr. Speaker, we are going to do something about this issue.

Ms. KUSTER. Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Mr. Speaker, I thank Congresswoman KUSTER for her leadership in bringing us together this evening. Congressman GUINTA has really done the Nation a huge service.

I rise tonight to speak for the mothers and fathers, brothers and sisters, children and friends who have buried a loved one because of heroin. Nationwide, there has been a fourfold increase in death from opiates over the last decade, and every year nearly 17,000 people die from prescription opiate overdoses. Over 8,000 die from heroin overdoses, and more than 400,000 seek treatment in emergency rooms. In Ohio alone, heroin kills an average of 23 people every week, more than 1,100 persons per year.

Heroin and opiate abuse is not a criminal justice issue alone. This Nation must recognize this addiction as the overwhelming, powerful, chemical dependence condition it is. Concurrently, too, it is often a mental health and medical crisis as well.

They tell us the annual financial cost for our society now is over \$33 billion a year, and that is based on 1996 figures. The gravest cost is in lives lost and grief felt by those loved ones whom the overdose victims leave behind.

I think of the family of my own district staffer, Theresa Morris, who lost her beloved cousin, Angelique "Angel" Kidd, this past July to heroin. Angel grew up in a working class family, got married young, had two children, and went to work in food service. One night on her way home, she was in a terrible car accident and was given opioid pain medicine to help her with her discomfort.

As she regained strength, she found it difficult to live with chronic pain and turned to other prescription medication and eventually to illegal substances in order to cope. She and her husband eventually divorced, and she became somewhat depressed.

As her addiction grew, the price of her prescriptions rose. She turned to the cheaper substitute: heroin. She eventually lost her job due to poor performance and began withdrawing and even stealing from her family and got into trouble. It was a horrible descent.

She died on Friday, July 24, 2015, this past year of combined drug toxicity. She was 41 years old. She was a mother, a daughter, a sister, a niece, a cousin, and a grandmother. There was no obituary in the paper, no public visitation, just a quiet service attended by those who loved her. The sorrow in her family simply can't be repeated.

I know that the time has expired, but we must simply treat the chemical dependence that these terrible opioids cause in the American people, and we must call to task pharmaceutical companies like Purdue Pharma, Cephalon, Janssen, Endo International, and Actavis, because with over \$11 billion of profits from these opioid pills alone, they can surely afford to help the American people.

Mrs. BEATTY. Mr. Speaker, I would like to thank my colleagues Congresswoman ANN

KUSTER and Congressman FRANK GUINTA for leading this important Special Order Hour on opioid and heroin abuse and dependence.

Today's theme, "Faces of Addiction," gives us a unique opportunity to the powerful addicting qualities of heroin and opioids, which have serious implications for every family impacted by its abuse.

Some of you may have seen the 60 Minutes segment, "Heroin in the Heartland," which filmed in parts of my district.

Let me share the story of Robbie, whose struggle stands out to me.

Robbie was prescribed opioids—Oxycodone and Oxycontin, among others—for a chronic pain condition.

Although he said he never intended to abuse these medications, Robbie became an addict, taking painkillers for 25 years as his doctors kept prescribing higher and higher doses to manage his pain.

Robbie eventually stopped caring about anything except opioids and finding his next dose of medication.

His marriage fell apart.

He became estranged from friends.

He gained 90 pounds and developed diabetes, heart disease, and arthritis.

He lost his will to live and contemplated suicide.

Ultimately, it was a pharmacist who put a stop to Robbie's opioid use by refusing to fill his prescription.

This abrupt end to the drugs led Robbie to connect to a new doctor, an addiction specialist.

Robbie is not alone in his struggle with opioid dependence and abuse.

According to the American Society of Addiction Medicine, over 100 Americans died from drug overdose deaths each day in 2013.

46 Americans die each day from prescription opioid overdoses, which is two deaths per hour or 17,000 deaths annually.

In Ohio, according to the Ohio Department of Health, from 2000 to 2012, Ohio's death rate due to unintentional drug poisonings increased 366 percent, and this increase in deaths has been driven largely by prescription drug overdoses.

On average, approximately five people die each day in Ohio due to drug overdose.

As these statistics illustrate, much work remains to be done toward resolving the problems of opioid abuse nationally as well as in my home state.

We need an honest effort to integrate prevention, treatment, and enforcement.

Ohio is adding a weapon to its arsenal in fighting drug abuse by providing doctors and pharmacists with a one-click link to the state opiate tracking system.

Ohio will become the first state to integrate its database, the Ohio Automated Rx Reporting System (OARRS), with electronic medical records already maintained by doctors and pharmacists.

This database linkup is one of the latest tools utilized by state officials to combat the epidemic of overdose deaths.

The opioid epidemic has been particularly devastating to our fight to end infant mortality in central Ohio.

When a pregnant mother abuses drugs, her unborn baby isn't just an innocent bystander. The drugs can affect that child to the degree that the baby will likely suffer withdraw after birth.

As of 2013, about 12 in every 1,000 babies born in Franklin County faced that uphill battle.

Those numbers grow year after year and experts say heroin is fueling the increase.

That is why at the federal level, I co-sponsored and voted in favor of the Protecting Our Infants Act of 2015, which was signed into law November 25, 2015.

This new law will help prevent and treat babies exposed to opioids in utero.

It will also support efforts to collect and disseminate strategies and best practices to prevent and treat maternal opioid use and abuse.

Finding solutions to this epidemic will require all of us to work together at the Federal, State, and local levels.

Drug abuse certainly isn't a partisan issue and many Members of Congress are actively engaged on the matter.

I look forward to continuing to work with my colleagues to address this epidemic.

Mr. TURNER. Mr. Speaker, as a member of the Bipartisan Task Force to Combat the Heroin Epidemic, I would like to thank our co-chairs for arranging this special order to discuss the faces of heroin and opiate addiction.

The faces of heroin and opiate addiction are getting younger. In my home State of Ohio and across the country, we have seen a dramatic increase in the number of infants born with opiates in their system and needing for Neonatal Abstinence Syndrome, or NAS. Tragically, these children are born addicted to drugs and have no voice or awareness as to why they are suffering.

The symptoms of withdrawal begin almost immediately. They may suffer from low birth weight, difficulty feeding or breathing, seizures, dehydration, tremors, and excessive or continuous high-pitched crying. Hospital personnel may spend ten hours in a single day to holding and rocking these newborns in an effort to console them, but over 80 percent of children with NAS still require medication to treat their withdrawal.

The toll that the heroin epidemic takes on these children can go beyond the terrible physical symptoms and complications, and the effects can be lasting ones. The faces of heroin addiction are young and they are fighting an incredibly difficult and painful battle without ever choosing to suffer. Through no action of their own, these children are victims of the heroin epidemic.

Parents who do not successfully treat their addiction have overdosed and died, leaving these children without their mothers and fathers. We must work to ensure that children are not born addicted and not left without a parent.

I would encourage all of my colleagues to do as I have, and go out into your communities and meet with your local hospitals, doctors, and healthcare professionals to see how they are dealing with the growing number of heroin and opiate addicted newborns. I have held multiple forums to better understand how we can begin to prevent addiction beginning at birth.

The faces of the heroin epidemic are not limited in age or gender. We know now that it can be anyone: a child born unknowingly addicted or a parent who does not know where to turn for help. We must remain committed to combating the heroin epidemic and the devastating effects it has on these children and families.

The SPEAKER pro tempore. The time of the gentlewoman from New Hampshire has expired.



Ms. KUSTER. Mr. Speaker, do I have any time remaining, as I have two more speakers just for 1 minute each?

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. KUSTER. It is regrettable. This is such an important topic for the country.

The SPEAKER pro tempore. The Chair could entertain requests for 1-minute speeches at this time.

□ 2115

(By unanimous consent, Mr. CICILLINE was allowed to speak out of order.)

#### FACES OF ADDICTION

Mr. CICILLINE. Mr. Speaker, addiction has many faces, and one of those is my friend from Rhode Island, Tom Coderre, who was elected to the State senate at the age of 25 and also oversaw 40 employees as the director of a local nonprofit.

Already a heavy drinker, Tom soon started using cocaine as a way to cope with the stress of his responsibilities, and when he realized that drugs were taking hold of his life, he tried to quit on his own but was never able to maintain sobriety for more than a month or two.

Eventually, he checked himself into an inpatient treatment at Butler Hospital. There he was able to get help and support and to maintain his sobriety and get his life back on track.

Today, more than 10 years sober, Tom works as the chief of staff for the Substance Abuse and Mental Health Services Administration. His victory over addiction is an inspiration for all who are struggling today.

It is a reminder for those of us in Congress that we need to do more to provide resources and support for those who need it most. We need a comprehensive approach from the Federal Government that focuses on ensuring that those struggling with addiction get the support and treatment they need. That is particularly important in the area of opiate and heroin abuse.

In 2012, of the 23.1 million Americans who needed treatment for drugs or alcohol, only 2.5 million received it through a specialty facility.

There are millions of Americans who are in need of treatment. We have a responsibility to do all that we can. Heroin use has grown tremendously over the last decade, particularly in New England. It is an epidemic that cuts across all demographic boundaries—Black and White, rich and poor, young and old—and we need to do something about it.

#### REQUEST FOR ONE-MINUTE SPEECH

Ms. CLARK of Massachusetts. Mr. Speaker, I ask unanimous consent to address the House for 1 minute.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Massachusetts?

Mr. STUTZMAN. Mr. Speaker, how much time will we have for our Special Order on the Republican side?

The SPEAKER pro tempore. Recognition will stop at 10 p.m.

Mr. STUTZMAN. Mr. Speaker, I object to the 1-minute speech then.

The SPEAKER pro tempore. Objection is heard.

Ms. KUSTER. We have taken our 45 minutes, this is the 45th. We just have one 1-minute. This is a very important topic for the country.

Mr. STUTZMAN. I understand, but we are already at 9:17, and I have quite a few Members here to talk about the issue we have come to the floor to discuss.

The SPEAKER pro tempore. Objection is heard.

#### GENERAL LEAVE

Ms. KUSTER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New Hampshire?

There was no objection.

#### GUN CONTROL AND AMERICANS' SECOND AMENDMENT RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentleman from Indiana (Mr. STUTZMAN) is recognized until 10 p.m. as the designee of the majority leader.

#### GENERAL LEAVE

Mr. STUTZMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on the topic of this Special Order.

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

There was no objection.

Mr. STUTZMAN. Mr. Speaker, I rise today along with quite a few Members to address the issue of gun control and Americans' Second Amendment rights.

Mr. Speaker, I have the honor of representing the Third District of Indiana. In the Hoosier State, we cherish our constitutional right to bear arms. For many years I also had the honor of serving in the Indiana General Assembly, where I was proud to coauthor and get signed into law the lifetime concealed carry permit so that Hoosiers could protect themselves, their families, and their homes.

Starting in 2013, in response to the push for radical gun control legislation from Senate Democrats, we founded the Republican Study Committee's Second Amendment Initiative here in Congress, which serves as a platform for House Republicans to share the most important facts about gun control and the Second Amendment.

Tonight I will be joined on the House floor by many members of the Second

Amendment Initiative and other proud Members who steadfastly defend Americans' gun rights.

Mr. Speaker, we come to the House floor tonight to set the record straight. Yesterday President Obama announced his intentions to unilaterally pursue executive actions on gun control.

Like times past, I wholeheartedly oppose the manner in which the President has chosen to pursue changes to current law. In fact, when reports surfaced this past fall that the President was considering executive actions on guns, I led over 30 of my House colleagues in sending a letter to the White House requesting information on what exactly he planned to do and why.

My colleagues and I had a number of very simple questions. First, if the President is planning on closing the supposed gun show loophole, did the Vice President and his gun control commission recommend this policy for inclusion among the 23 executive actions announced by the White House in January of 2013? If so, why was it excluded from the announcement?

Second, is the White House relying on any new data that was not available when those 2013 actions were announced?

Third, does the White House have any evidence private sellers' transaction volumes and propensity for illegal sales are positively correlated?

Fourth, does the White House believe this new policy would have prevented any of the recent year's major shootings?

Finally, does the White House expect criminals to voluntarily comply with these new rules?

The White House still has not responded to our letter. Tomorrow, the President plans to hold a Q&A town-hall televised on CNN regarding guns in America.

Mr. Speaker, I fear after this event, Americans will continue to be left with more questions than answers, like, first and foremost, why does President Obama insist on infringing on Congress' lawmaking authority?

The reason we don't have any answers to the questions about this new gun control policy is because it was crafted in back rooms, out of view of the public, instead of in Congress, where we would have held hearings, committees would have reviewed the policy, and our constituents would have had the opportunity to comment on it.

Mr. Speaker, in the event Congress would have held a hearing on this issue, we probably would have uncovered the glaring reality that there is no gun show loophole. If you were one of the 55,277 federally licensed gun dealers in America in fiscal year 2014, you would have been required, by law, to run background checks on individuals, no matter if you sold a gun at your place of business or at a gun show.

Congress would probably also have come across the Department of Justice's study of inmates from 2001 that