

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

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

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

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

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

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

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

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

S. RES. 380

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved, That the Senate—

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

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

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

AMENDMENTS SUBMITTED AND PROPOSED

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TEXT OF AMENDMENTS

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

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

At the appropriate place, insert the following:

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

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

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

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

(4) by adding at the end the following:

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

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

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

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

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

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

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

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

“(A) Home health services”; and

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

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

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

At the appropriate place, insert the following:

TITLE —OVERDOSE PREVENTION

SEC. 01. SHORT TITLE.

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

SEC. 02. FINDINGS.

Congress finds the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

raise awareness about overdose risk and prevention.

SEC. 03. OVERDOSE PREVENTION PROGRAMS.

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

“PART W—OVERDOSE PREVENTION PROGRAMS

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

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

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

“(c) APPLICATION.—

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

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

“(A) a description of the activities to be funded through the cooperative agreement; and

“(B) evidence that the eligible entity has the capacity to carry out such activities.

“(d) PRIORITY.—In entering into cooperative agreements under subsection (a), the Secretary shall give priority to eligible entities that—

“(1) are a public health agency or community-based organization; and

“(2) have expertise in preventing deaths occurring from overdoses of drugs in populations at high risk of such deaths.

“(e) ELIGIBLE ACTIVITIES.—As a condition of receipt of a cooperative agreement under this section, an eligible entity shall agree to use the cooperative agreement to do each of the following:

“(1) Purchase and distribute the drug naloxone or a similarly effective medication.

“(2) Carry out one or more of the following activities:

“(A) Educating prescribers and pharmacists about overdose prevention and naloxone prescription, or prescriptions of a similarly effective medication.

“(B) Training first responders, other individuals in a position to respond to an overdose, and law enforcement and corrections officials on the effective response to individuals who have overdosed on drugs. Training pursuant to this subparagraph may include any activity that is educational, instructional, or consultative in nature, and may include volunteer training, awareness building exercises, outreach to individuals who are at risk of a drug overdose, and distribution of educational materials.

“(C) Implementing and enhancing programs to provide overdose prevention, recognition, treatment, and response to individuals in need of such services.

“(D) Educating the public and providing outreach to the public about overdose prevention and naloxone prescriptions, or prescriptions of other similarly effective medications.

“(f) COORDINATING CENTER.—

“(1) ESTABLISHMENT.—The Secretary shall establish and provide for the operation of a coordinating center responsible for—

“(A) collecting, compiling, and disseminating data on the programs and activities under this section, including tracking and evaluating the distribution and use of naloxone and other similarly effective medication;

“(B) evaluating such data and, based on such evaluation, developing best practices for preventing deaths occurring from drug overdoses;

“(C) making such best practices specific to the type of community involved;

“(D) coordinating and harmonizing data collection measures;

“(E) evaluating the effects of the program on overdose rates; and

“(F) education and outreach to the public about overdose prevention and prescription of naloxone and other similarly effective medication.

“(2) REPORTS TO CENTER.—As a condition on receipt of a cooperative agreement under this section, an eligible entity shall agree to prepare and submit, not later than 90 days after the end of the cooperative agreement period, a report to such coordinating center and the Secretary describing the results of the activities supported through the cooperative agreement.

“(g) DURATION.—The period of a cooperative agreement under this section shall be 4 years.

“(h) DEFINITION.—In this part, the term ‘drug’—

“(1) means a drug, as defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321); and

“(2) includes controlled substances, as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).

“(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$20,000,000 to carry out this section for each of the fiscal years 2016 through 2020.

“SEC. 3990O-1. SURVEILLANCE CAPACITY BUILDING.

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award cooperative agreements to eligible entities to improve fatal and nonfatal drug overdose surveillance and reporting capabilities, including—

“(1) providing training to improve identification of drug overdose as the cause of death by coroners and medical examiners;

“(2) establishing, in cooperation with the National Poison Data System, coroners, and medical examiners, a comprehensive national program for surveillance of, and reporting to an electronic database on, drug overdose deaths in the United States; and

“(3) establishing, in cooperation with the National Poison Data System, a comprehensive national program for surveillance of, and reporting to an electronic database on, fatal and nonfatal drug overdose occurrences, including epidemiological and toxicologic analysis and trends.

“(b) ELIGIBLE ENTITY.—To be eligible to receive a cooperative agreement under this section, an entity shall be—

“(1) a State, local, or tribal government; or

“(2) the National Poison Data System working in conjunction with a State, local, or tribal government.

“(c) APPLICATION.—

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

“(2) CONTENTS.—The application described in paragraph (1) shall include—

“(A) a description of the activities to be funded through the cooperative agreement; and

“(B) evidence that the eligible entity has the capacity to carry out such activities.

“(d) REPORT.—As a condition of receipt of a cooperative agreement under this section, an eligible entity shall agree to prepare and submit, not later than 90 days after the end of the cooperative agreement period, a report to the Secretary describing the results of the activities supported through the cooperative agreement.

“(e) NATIONAL POISON DATA SYSTEM.—In this section, the term ‘National Poison Data System’ means the system operated by the American Association of Poison Control Centers, in partnership with the Centers for Disease Control and Prevention, for real-time local, State, and national electronic reporting, and the corresponding database network.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2016 through 2020.

“SEC. 3990O-2. REDUCING OVERDOSE DEATHS.

“(a) PREVENTION OF DRUG OVERDOSE.—Not later than 180 days after the date of the enactment of this section, the Secretary, in consultation with a task force comprised of stakeholders, shall develop a plan to reduce the number of deaths occurring from overdoses of drugs and shall submit the plan to Congress. The plan shall include—

“(1) a plan for implementation of a public health campaign to educate prescribers and the public about overdose prevention and prescription of naloxone and other similarly effective medication;

“(2) recommendations for improving and expanding overdose prevention programming; and

“(3) recommendations for such legislative or administrative action as the Secretary determines appropriate.

“(b) TASK FORCE REPRESENTATION.—

“(1) REQUIRED MEMBERS.—The task force under subsection (a) shall include at least one representative of each of the following:

“(A) Individuals directly impacted by drug overdose.

“(B) Direct service providers who engage individuals at risk of a drug overdose.

“(C) Drug overdose prevention advocates.

“(D) The National Institute on Drug Abuse.

“(E) The Center for Substance Abuse Treatment.

“(F) The Centers for Disease Control and Prevention.

“(G) The Health Resources and Services Administration.

“(H) The Food and Drug Administration.

“(I) The Office of National Drug Control Policy.

“(J) The American Medical Association.

“(K) The American Association of Poison Control Centers.

“(L) The Federal Bureau of Prisons.

“(M) The Centers for Medicare & Medicaid Services.

“(N) The Department of Justice.

“(O) The Department of Defense.

“(P) The Department of Veterans Affairs.

“(Q) First responders.

“(R) Law enforcement.

“(S) State agencies responsible for drug overdose prevention.

“(2) ADDITIONAL MEMBERS.—In addition to the representatives required by paragraph (1), the task force under subsection (a) may include other individuals with expertise relating to drug overdoses or representatives of entities with expertise relating to drug overdoses, as the Secretary determines appropriate.”

SEC. 04. OVERDOSE PREVENTION RESEARCH.

Subpart 15 of part C of title IV of the Public Health Service Act (42 U.S.C. 285o et seq.)

is amended by adding at the end the following:

“SEC. 464Q. OVERDOSE PREVENTION RESEARCH.

“(a) OVERDOSE RESEARCH.—The Director of the Institute shall prioritize and conduct or support research on drug overdose and overdose prevention. The primary aims of this research shall include—

“(1) an examination of circumstances that contribute to drug overdose and identification of drugs associated with fatal overdose;

“(2) an evaluation of existing overdose prevention methods;

“(3) pilot programs or research trials on new overdose prevention strategies or programs that have not been studied in the United States;

“(4) scientific research concerning the effectiveness of overdose prevention programs, including how to effectively implement and sustain such programs;

“(5) comparative effectiveness research of model programs; and

“(6) implementation of science research concerning effective overdose prevention programming examining how to implement and sustain overdose prevention programming.

“(b) FORMULATIONS OF NALOXONE.—The Director of the Institute shall support research on the development of formulations of naloxone, and other similarly effective medications, and dosage delivery devices specifically intended to be used by lay persons or first responders for the prehospital treatment of unintentional drug overdose.

“(c) DEFINITION.—In this section, the term ‘drug’ has the meaning given such term in section 3990O.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2016 through 2020.”.

SA 3329. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

SEC. 104. OPIOID ACTION PLAN.

(a) ADVISORY COMMITTEE.—

(1) NEW DRUG APPLICATION.—Except as provided in paragraph (4), prior to the approval of a new drug that is an opioid under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), the Commissioner of Food and Drugs shall refer such drug to an advisory committee of the Food and Drug Administration to seek recommendations from such Committee.

(2) PEDIATRIC OPIOID LABELING.—The Commissioner of Food and Drugs shall convene the Pediatric Advisory Committee of the Food and Drug Administration to seek recommendations from such Committee regarding a framework for the inclusion of information in the labeling of drugs that are opioids relating to the use of such drugs in pediatric populations before such Commissioner approves any labeling changes for drugs that are opioids intended for use in pediatric populations.

(3) PUBLIC HEALTH EXEMPTION.—If the Commissioner of Food and Drugs finds that referring a new opioid drug or drugs to an advisory committee of the Food and Drug Administration as required under paragraph (1) is not in the interest of protecting and promoting public health, and has submitted a notice containing the rationale for such a finding to the Committee on Health, Education, Labor, and Pensions of the Senate

and the Committee on Energy and Commerce of the House of Representatives, or if the matter that would be considered by such advisory committee with respect to any such drug or drugs concerns bioequivalence or sameness of active ingredients, the Commissioner shall not be required to refer such drug or drugs to an advisory committee as required under paragraph (1).

(4) SUNSET.—Unless Congress reauthorizes paragraphs (1) and (2), the requirements of such paragraphs shall cease to be effective on October 1, 2022.

(b) CONTINUING MEDICAL EDUCATION FOR PRESCRIBERS OF OPIOIDS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, in consultation with the Director of the Centers for Disease Control and Prevention, the Director of the National Institutes of Health, the Administrator of the Agency for Healthcare Research and Quality, the Administrator of the Drug Enforcement Administration, and relevant stakeholders, shall develop recommendations regarding continuing medical education programs for prescribers of opioids required to be disseminated under section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1), including recommendations for which prescribers should participate in such programs and how often participation in such programs is necessary.

(c) GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Commissioner of Food and Drugs shall issue guidance on if and how the approved labeling of a drug that is an opioid and is the subject of an application under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)) may include statements that such drug deters abuse.

SA 3330. Mr. DURBIN (for himself and Mr. KING) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. ____ . EXPANDING OPTIONS FOR ADDICTION TREATMENT UNDER MEDICAID AND CHIP.

(a) STATE OPTION TO PROVIDE MEDICAL ASSISTANCE FOR RESIDENTIAL ADDICTION TREATMENT FACILITY SERVICES; MODIFICATION OF THE IMD EXCLUSION.—

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

(A) in subsection (a)(16)—

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

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

(B) in subsection (h)—

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

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

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

“(i) to an individual for the purpose of treating a substance use disorder that are furnished to an individual for not more than 2 consecutive periods of 30 consecutive days,

provided that upon completion of the first 30-day period, the individual is assessed by the facility and determined to have progressed through the clinical continuum of care, in accordance with criteria established by the Secretary, in consultation with the American Society of Addiction Medicine, and requires continued medically necessary treatment and social support services to promote recovery, stable transition, and discharge; and

“(ii) in a facility that—

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

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

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

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

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

(b) GRANT PROGRAM TO EXPAND YOUTH ADDICTION TREATMENT FACILITIES UNDER MEDICAID AND CHIP.—

(1) ESTABLISHMENT.—

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

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

(C) TIMETABLE FOR IMPLEMENTATION; DURATION.—

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

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

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

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

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

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

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

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

(4) **DEFINITIONS.**—For purposes of this subsection:

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

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

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

(D) **MEDICAID.**—The term “Medicaid” means the medical assistance program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

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

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

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

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

SA 3331. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VI, insert the following:

SEC. 602. PRIORITY CONSIDERATION.

(a) **DEFINITIONS.**—The definitions in section 601(a) shall apply to this section.

(b) **PRIORITY CONSIDERATION.**—In awarding Federal funds under a program of the Department of Justice or the Department of Health and Human Services to be used for prescription drug monitoring programs of the States, the Attorney General or the Secretary of Health and Human Services, as the case may be, shall give priority consideration to an application from a State that—

(1) requires a prescriber of a schedule II, III, or IV controlled substance to, prior to the issuance of a prescription for a schedule II, III, or IV controlled substance, consult the prescription drug monitoring database of the State;

(2) requires a dispenser of a schedule II, III, or IV controlled substance to, for the dispensing of each prescription of a schedule II, III, or IV controlled substance, input data to the prescription drug monitoring database of the State, within 24 hours of the dispensing, which shall include—

(A) a patient identifier;

(B) the national drug code of the dispensed drug;

(C) the date of dispensing;

(D) the quantity of the drug dispensed;

(E) the Drug Enforcement Administration registration number of the prescriber; and

(F) the Drug Enforcement Administration registration number of the dispenser;

(3) authorizes access to a State board responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other person who is authorized to prescribe, administer, or dispense controlled substances; and

(4) requires that, not fewer than 4 times a year, the State agency that administers the prescription drug monitoring program of the State prepare and provide to—

(A) the State board described in paragraph (3), an informational report concerning the prescribing patterns of prescribers within the State, which shall include data on aggregate trends and individual outliers that indicate a substantial likelihood that inappropriate prescribing may be occurring; and

(B) each prescriber of a schedule II, III, or IV controlled substance, an information report that shows how the prescribing patterns of the prescriber compare to the prescribing practices of the peers of the prescriber and expected norms.

SA 3332. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . PUBLIC DISCLOSURE OF OPIOID MANUFACTURING QUOTAS.

Section 306 of the Controlled Substances Act (21 U.S.C. 826) is amended by adding at the end the following:

“(i) **DISCLOSURE TO PUBLIC.**—The Attorney General shall make available to the public, and accessible through the website of the Drug Enforcement Administration, each manufacturing quota fixed or adjusted by the Attorney General under this section for each registered manufacturer for each of the following controlled substances:

“(1) Fentanyl.

“(2) Hydrocodone.

“(3) Hydromorphone.

“(4) Oxycodone.

“(5) Oxycodone.”.

SA 3333. Mr. BLUMENTHAL submitted an amendment intended to be

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

At the end, add the following:

SEC. 705. REMS FOR IMMEDIATE RELEASE OPIOID ANALGESICS.

Not later than 120 days after the date of enactment of this Act, the Secretary of Health and Human Services shall require a risk evaluation and mitigation strategy under section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1) to be submitted for drugs that are immediate release opioid analgesics, including for such drugs for which there is an approved covered application (as defined in such section) and for such drugs for which a covered application has been submitted but not yet approved.

SA 3334. Mr. KIRK submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

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

SEC. 504. MANDATORY DISCLOSURE OF CERTAIN VETERAN INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

Section 5701(1) of title 38, United States Code, is amended by striking “may” and inserting “shall”.

SA 3335. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . REMOVING CONSIDERATION OF CERTAIN PAIN-RELATED ISSUES FROM CALCULATIONS UNDER THE MEDICARE HOSPITAL VALUE-BASED PURCHASING PROGRAM.

Section 1886(o)(2)(B) of the Social Security Act (42 U.S.C. 1395ww(o)(2)(B)) is amended—

(1) in clause (i)(II), by inserting “, subject to clause (iii),” after “shall”; and

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

“(iii) **EXCLUSION OF CERTAIN PAIN-RELATED MEASURES.**—For value-based incentive payments made with respect to discharges occurring during fiscal year 2017 or a subsequent fiscal year, the Secretary shall ensure that measures selected under subparagraph (A) do not include measures based on any assessments by patients, with respect to hospital stays of such patients, of—

“(I) the need of such patients, during such stay, for medicine for pain;

“(II) how often, during such stay, the pain of such patients was well controlled; or

“(III) how often, during such stay, the staff of the hospital in which such stay occurred did everything they could to help the patient with the pain experienced by the patient.”.

SA 3336. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use;

which was ordered to lie on the table; as follows:

On page 10, beginning on line 18, strike “and” and all that follows through “(I)” on line 19 and insert the following:

- (I) the Indian Health Service; and
- (J)

SA 3337. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 12, beginning on line 11, strike “and” and all that follows through “(E)” on line 12 and insert the following:

- (E) the management of populations who have both a pain and a mental health diagnosis, including post-traumatic stress disorder and acute stress disorder; and
- (F)

SA 3338. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of the bill, add the following:

SEC. ____ . FDA STATUS REPORT.

Not later than 45 days after the date of enactment of this Act, the Commissioner of Food and Drugs shall submit to Congress a report on the status of draft guidance for industry entitled “Individual Patient Expanded Access Applications: Form FDA 3926” that was published in February of 2015.

SA 3339. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of the amendment, add the following:

TITLE VIII—BORDER SECURITY METRICS

SEC. 801. SHORT TITLE.

This title may be cited as the “Department of Homeland Security Border Security Metrics Act of 2016”.

SEC. 802. DEFINITIONS.

In this title:

(1) **APPROPRIATE CONGRESSIONAL COMMITTEES.**—The term “appropriate congressional committees” means—

- (A) the Committee on Homeland Security and Governmental Affairs of the Senate;
- (B) the Committee on Homeland Security of the House of Representatives;
- (C) the Committee on the Judiciary of the Senate; and
- (D) the Committee on the Judiciary of the House of Representatives.

(2) **CONSEQUENCE DELIVERY SYSTEM.**—The term “Consequence Delivery System” means the series of consequences applied by the Border Patrol to persons unlawfully entering the United States to prevent unlawful border crossing recidivism.

(3) **GOT AWAY.**—The term “got away” means an unlawful border crosser who—

- (A) is directly or indirectly observed making an unlawful entry into the United States;
- (B) is not a turn back; and

(C) is not apprehended.

(4) **KNOWN MIGRANT FLOW.**—The term “known migrant flow” means the sum of the number of undocumented migrants—

- (A) interdicted at sea;
- (B) identified at sea, but not interdicted;
- (C) that successfully entered the United States through the maritime border; or
- (D) not described in subparagraph (A), (B), or (C), which were otherwise reported, with a significant degree of certainty, as having entered, or attempted to enter, the United States through the maritime border.

(5) **MAJOR VIOLATOR.**—The term “major violator” means a person or entity that has engaged in serious criminal activities at any land, air, or sea port of entry, including—

- (A) possession of illicit drugs;
- (B) smuggling of prohibited products;
- (C) human smuggling;
- (D) weapons possession;
- (E) use of fraudulent United States documents; or
- (F) other offenses that are serious enough to result in arrest.

(6) **SECRETARY.**—The term “Secretary” means the Secretary of Homeland Security.

(7) **SITUATIONAL AWARENESS.**—The term “situational awareness” means knowledge and unified understanding of current unlawful cross-border activity, including—

- (A) threats and trends concerning illicit trafficking and unlawful crossings;
- (B) the ability to forecast future shifts in such threats and trends;
- (C) the ability to evaluate such threats and trends at a level sufficient to create actionable plans; and
- (D) the operational capability to conduct persistent and integrated surveillance of the international borders of the United States.

(8) **TRANSIT ZONE.**—The term “transit zone” means the sea corridors of the western Atlantic Ocean, the Gulf of Mexico, the Caribbean Sea, and the eastern Pacific Ocean through which undocumented migrants and illicit drugs transit, either directly or indirectly, to the United States.

(9) **TURN BACK.**—The term “turn back” means an unlawful border crosser who, after making an unlawful entry into the United States, promptly returns to the country from which such crosser entered.

(10) **UNLAWFUL BORDER CROSSING EFFECTIVENESS RATE.**—The term “unlawful border crossing effectiveness rate” means the percentage that results from dividing—

- (A) the number of apprehensions and turn backs; and
- (B) the number of apprehensions, estimated unlawful entries, turn backs, and got aways.

(11) **UNLAWFUL ENTRY.**—The term “unlawful entry” means an unlawful border crosser who enters the United States and is not apprehended by a border security component of the Department of Homeland Security.

SEC. 803. METRICS FOR SECURING THE BORDER BETWEEN PORTS OF ENTRY.

(a) **IN GENERAL.**—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of security between ports of entry. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

- (1) estimates, using alternative methodologies, including recidivism data, survey data, known-flow data, and technologically measured data, of—
 - (A) total attempted unlawful border crossings;
 - (B) the rate of apprehension of attempted unlawful border crossers; and
 - (C) the number of unlawful entries;

(2) a situational awareness achievement metric, which measures situational awareness achieved in each Border Patrol sector;

(3) an unlawful border crossing effectiveness rate;

(4) a probability of detection, which compares the estimated total unlawful border crossing attempts not detected by the Border Patrol to the unlawful border crossing effectiveness rate, as informed by paragraph (1);

(5) an illicit drugs seizure rate for drugs seized by the Border Patrol, which compares the ratio of the amount and type of illicit drugs seized by the Border Patrol in any fiscal year to the average of the amount and type of illicit drugs seized by the Border Patrol in the immediately preceding 5 fiscal years;

(6) a weight-to-frequency rate, which compares the average weight of marijuana seized per seizure by the Border Patrol in any fiscal year to such weight-to-frequency rate for the immediately preceding 5 fiscal years;

(7) estimates of the impact of the Consequence Delivery System on the rate of recidivism of unlawful border crossers over multiple fiscal years; and

(8) an examination of each consequence referred to in paragraph (7), including—

- (A) voluntary return;
- (B) warrant of arrest or notice to appear;
- (C) expedited removal;
- (D) reinstatement of removal;
- (E) alien transfer exit program;
- (F) Operation Streamline;
- (G) standard prosecution; and
- (H) Operation Against Smugglers Initiative on Safety and Security.

(b) **METRICS CONSULTATION.**—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) work with other agencies, as appropriate, including the Office of Refugee Resettlement of the Department of Health and Human Services and the Executive Office for Immigration Review of the Department of Justice, to ensure that authoritative data sources are utilized.

(c) **MANNER OF COLLECTION.**—The data used by the Secretary shall be collected and reported in a consistent and standardized manner across all Border Patrol sectors, informed by situational awareness.

SEC. 804. METRICS FOR SECURING THE BORDER AT PORTS OF ENTRY.

(a) **IN GENERAL.**—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of security at ports of entry. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

(1) estimates, using alternative methodologies, including survey data and randomized secondary screening data, of—

- (A) total attempted inadmissible border crossings;
- (B) the rate of apprehension of attempted inadmissible border crossings; and
- (C) the number of unlawful entries;
- (2) the amount and type of illicit drugs seized by the Office of Field Operations of U.S. Customs and Border Protection at United States land, air, and sea ports during the previous fiscal year;

(3) an illicit drugs seizure rate for drugs seized by the Office of Field Operations, which compares the ratio of the amount and type of illicit drugs seized by the Office of Field Operations in any fiscal year to the average of the amount and type of illicit drugs seized by the Office of Field Operations in the immediately preceding 5 fiscal years;

(4) in consultation with the Office of National Drug Control Policy and the United States Southern Command, a cocaine seizure effectiveness rate, which is the percentage resulting from dividing—

(A) the amount of cocaine seized by the Office of Field Operations; and

(B) the total estimated cocaine flow rate at ports of entry along the land border;

(5) the number of infractions related to travelers and cargo committed by major violators who are apprehended by the Office of Field Operations at ports of entry, and the estimated number of such infractions committed by major violators who are not apprehended;

(6) a measurement of how border security operations affect crossing times, including—

(A) a wait time ratio that compares the average wait times to total commercial and private vehicular traffic volumes at each port of entry;

(B) an infrastructure capacity utilization rate that measures traffic volume against the physical and staffing capacity at each port of entry;

(C) a secondary examination rate that measures the frequency of secondary examinations at each port of entry; and

(D) an enforcement rate that measures the effectiveness of secondary examinations at detecting major violators; and

(7) a cargo scanning rate that includes—

(A) a comparison of the number of high-risk cargo containers scanned by the Office of Field Operations at each United States seaport during the fiscal year to the total number of high-risk cargo containers entering the United States at each seaport during the previous fiscal year;

(B) the percentage of all cargo that is considered “high-risk” cargo; and

(C) the percentage of high-risk cargo scanned—

(i) upon arrival at a United States seaport before entering United States commerce; and

(ii) before being laden on a vessel destined for the United States.

(b) METRICS CONSULTATION.—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) as appropriate, work with other agencies, including the Office of Refugee Resettlement of the Department of Health and Human Services and the Executive Office for Immigration Review of the Department of Justice, to ensure that authoritative data sources are utilized.

(c) MANNER OF COLLECTION.—The data used by the Secretary shall be collected and reported in a consistent and standardized manner across all field offices, informed by situational awareness.

SEC. 805. METRICS FOR SECURING THE MARITIME BORDER.

(a) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of security in the maritime environment. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

(1) situational awareness achieved in the maritime environment;

(2) an undocumented migrant interdiction rate, which compares the migrants interdicted at sea to the total known migrant flow;

(3) an illicit drugs removal rate, for drugs removed inside and outside of a transit zone, which compares the amount and type of illicit drugs removed, including drugs abandoned at sea, by the Department of Homeland Security’s maritime security compo-

nents in any fiscal year to the average of the amount and type of illicit drugs removed by the Department of Homeland Security’s maritime components for the immediately preceding 5 fiscal years;

(4) in consultation with the Office of National Drug Control Policy and the United States Southern Command, a cocaine removal effectiveness rate, for cocaine removed inside a transit zone and outside a transit zone; which compares the amount of cocaine removed by the Department of Homeland Security’s maritime security components by the total documented cocaine flow rate, as contained in Federal drug databases;

(5) a response rate, which compares the ability of the maritime security components of the Department of Homeland Security to respond to and resolve known maritime threats, whether inside and outside a transit zone, by placing assets on-scene, to the total number of events with respect to which the Department has known threat information; and

(6) an intergovernmental response rate, which compares the ability of the maritime security components of the Department of Homeland Security or other United States Government entities to respond to and resolve actionable maritime threats, whether inside or outside the Western Hemisphere transit zone, by targeting maritime threats in order to detect them, and of those threats detected, the total number of maritime threats interdicted or disrupted.

(b) METRICS CONSULTATION.—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) as appropriate, work with other agencies, including the Drug Enforcement Agency, the Department of Defense, and the Department of Justice, to ensure that authoritative data sources are utilized.

(c) MANNER OF COLLECTION.—The data used by the Secretary shall be collected and reported in a consistent and standardized manner, informed by situational awareness.

SEC. 806. AIR AND MARINE SECURITY METRICS IN THE LAND DOMAIN.

(a) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of the aviation assets and operations of the Office of Air and Marine of U.S. Customs and Border Enforcement. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

(1) an effectiveness rate, which compares Office of Air and Marine flight hours requirements to the number of flight hours flown by such Office;

(2) a funded flight hour effectiveness rate, which compares the number of funded flight hours appropriated to the Office of Air and Marine to the number of actual flight hours flown by such Office;

(3) a readiness rate, which compares the number of aviation missions flown by the Office of Air and Marine to the number of aviation missions cancelled by such Office due to maintenance, operations, or other causes;

(4) the number of missions cancelled by such Office due to weather compared to the total planned missions;

(5) the number of subjects detected by the Office of Air and Marine through the use of unmanned aerial systems and manned aircrafts;

(6) the number of apprehensions assisted by the Office of Air and Marine through the use of unmanned aerial systems and manned aircrafts;

(7) the number and quantity of illicit drug seizures assisted by the Office of Air and Marine through the use of unmanned aerial systems and manned aircrafts; and

(8) the number of times that usable intelligence related to border security was obtained through the use of unmanned aerial systems and manned aircraft.

(b) METRICS CONSULTATION.—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) as appropriate, work with other agencies, including the Department of Justice, to ensure that authoritative data sources are utilized.

(c) MANNER OF COLLECTION.—The data used by the Secretary shall be collected and reported in a consistent and standardized manner, informed by situational awareness.

SEC. 807. DATA TRANSPARENCY.

The Secretary shall—

(1) in accordance with applicable privacy laws, make data related to apprehensions, inadmissible aliens, drug seizures, and other enforcement actions available to the public, academic research, and law enforcement communities; and

(2) provide the Office of Immigration Statistics of the Department of Homeland Security with unfettered access to the data described in paragraph (1).

SEC. 808. EVALUATION BY THE GOVERNMENT ACCOUNTABILITY OFFICE AND THE SECRETARY OF HOMELAND SECURITY.

(a) METRICS REPORT.—

(1) MANDATORY DISCLOSURES.—The Secretary shall submit an annual report containing the metrics required under sections 803 through 806 and the data and methodology used to develop such metrics to—

(A) the appropriate congressional committees; and

(B) the Comptroller General of the United States.

(2) PERMISSIBLE DISCLOSURES.—The Secretary, for the purpose of validation and verification, may submit the annual report described in paragraph (1) to—

(A) the National Center for Border Security and Immigration;

(B) the head of a national laboratory within the Department of Homeland Security laboratory network with prior expertise in border security; and

(C) a Federally Funded Research and Development Center sponsored by the Department of Homeland Security.

(b) GAO REPORT.—Not later than 270 days after receiving the first report under subsection (a)(1), and biennially thereafter for the following 10 years, the Comptroller General of the United States, shall submit a report to the appropriate congressional committees that—

(1) analyzes the suitability and statistical validity of the data and methodology contained in such report; and

(2) includes recommendations to Congress on—

(A) the feasibility of other suitable metrics that may be used to measure the effectiveness of border security; and

(B) improvements that need to be made to the metrics being used to measure the effectiveness of border security.

(c) STATE OF THE BORDER REPORT.—Not later than 60 days after the end of each fiscal year through fiscal year 2025, the Secretary shall submit a “State of the Border” report to the appropriate congressional committees that—

(1) provides trends for each metric under sections 803 through 806 for the last 10 years, to the extent possible;

(2) provides selected analysis into related aspects of illegal flow rates, including legal flows and stock estimation techniques; and

(3) includes any other information that the Secretary determines appropriate.

(d) METRICS UPDATE.—

(1) IN GENERAL.—After submitting the final report to the Comptroller General under subsection (a), the Secretary may reevaluate and update any of the metrics required under sections 803 through 806 to ensure that such metrics—

(A) meet the Department of Homeland Security's performance management needs; and

(B) are suitable to measure the effectiveness of border security.

(2) CONGRESSIONAL NOTIFICATION.—Not later than 30 days before updating the metrics under paragraph (1), the Secretary shall notify the appropriate congressional committees of such updates.

SA 3340. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 17, line 14, insert “and to describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity” before the period.

On page 23, line 21, strike “and”.

On page 23, line 25, strike the period and insert “; and”.

On page 23, after line 25, add the following:

(F) describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 39, between lines 3 and 4, insert the following:

“(3) APPLICATION.—

“(A) IN GENERAL.—A State substance abuse agency, unit of local government, nonprofit organization, or Indian tribe or tribal organization desiring a grant under this section shall submit an application at such time, in such manner, and accompanied by such information as the Secretary may require.

“(B) CONTENTS.—As part of an application for a grant under this section, a State substance abuse agency, unit of local government, nonprofit organization, or Indian tribe or tribal organization shall describe the evidence-based methodology and outcome measurements that will be used to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 41, line 14, strike “and”.

On page 41, line 17, strike the period and insert “; and”.

On page 41, between lines 17 and 18, insert the following:

(C) describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate a program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program.

On page 46, between lines 17 and 18, insert the following:

“(c) APPLICATION.—

“(1) IN GENERAL.—An eligible entity desiring a grant under this section shall submit

an application at such time, in such manner, and accompanied by such information as the Secretary of Health and Human Services may require.

“(2) CONTENTS.—As part of an application for a grant under this section, an eligible entity shall describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 46, line 18, strike “(c)” and insert “(d)”.

On page 48, between lines 23 and 24, insert the following:

“(d) APPLICATION.—

“(1) IN GENERAL.—A recovery community organization desiring a grant under this section shall submit an application at such time, in such manner, and accompanied by such information as the Secretary of Health and Human Services may require.

“(2) CONTENTS.—As part of an application for a grant under this section, a recovery community organization shall describe the evidence-based methodology and outcome measurements that will be used by the recovery community organization to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 48, line 24, strike “(d)” and insert “(e)”.

On page 53, line 7, insert “The application shall describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate each program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program.” after the period.

On page 55, line 2, strike “shall—” and all that follows through “paragraph (1)” on line 10 and insert “shall describe how each program funded with a grant under this section”.

On page 70, strike lines 17 through 20 and insert the following:

(III) a description of the evidence-based methodology and outcome measurements that will be used by the State to evaluate an activity funded with a planning grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity; and

On page 71, line 15 insert “The application shall describe the evidence-based methodology and outcome measurements that will be used by the State to evaluate an activity funded with an implementation grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.” after the period.

SA 3341. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, insert the following:

SEC. 705. EXCISE TAX ON OPIOID PAIN RELIEVERS.

(a) IN GENERAL.—Subchapter E of chapter 32 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

“**SEC. 4192. OPIOID PAIN RELIEVERS.**

“(a) IN GENERAL.—There is hereby imposed on the sale of any taxable active opioid by

the manufacturer, producer, or importer a tax equal to 1 cent per milligram so sold.

“(b) TAXABLE ACTIVE OPIOID.—For purposes of this section—

“(1) IN GENERAL.—The term ‘taxable active opioid’ means any controlled substance (as defined in section 102 of the Controlled Substances Act, as in effect on the date of the enactment of this section) which is opium, an opiate, or any derivative thereof.

“(2) EXCLUSION FOR CERTAIN PRESCRIPTION MEDICATIONS.—Such term shall not include any prescribed drug which is used exclusively for the treatment of opioid addiction as part of a medically assisted treatment effort.

“(3) EXCLUSION OF OTHER INGREDIENTS.—In the case of a product that includes a taxable active opioid and another ingredient, subsection (a) shall apply only to the portion of such product that is a taxable active opioid.”.

(b) CLERICAL AMENDMENTS.—

(1) The heading of subchapter E of chapter 32 of the Internal Revenue Code of 1986 is amended by striking “Medical Devices” and inserting “Other Medical Products”.

(2) The table of subchapters for chapter 32 of such Code is amended by striking the item relating to subchapter E and inserting the following new item:

“SUBCHAPTER E. OTHER MEDICAL PRODUCTS”.

(3) The table of sections for subchapter E of chapter 32 of such Code is amended by adding at the end the following new item:

“Sec. 4192. Opioid pain relievers.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to sales on or after the date that is 1 year after the date of the enactment of this Act.

(d) REBATE PROGRAM FOR CERTAIN CANCER AND HOSPICE PATIENTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with patient advocacy groups and other relevant stakeholders as determined by such Secretary, shall establish a mechanism by which any amount paid by an eligible patient in connection with the tax under section 4192 of the Internal Revenue Code of 1986 (as added by this section) shall be rebated to such patient in as timely a manner as possible with as little burden on the patient as possible.

(2) ELIGIBLE PATIENT.—For purposes of this section, the term “eligible patient” means—

(A) a patient for whom any taxable active opioid (as defined in section 4192(b) of such Code) is prescribed to treat pain relating to cancer or cancer treatment;

(B) a patient participating in hospice care; and

(C) in the case of the death or incapacity of a patient described in subparagraph (A) or (B) or any similar situation as determined by the Secretary of Health and Human Services, the appropriate family member, medical proxy, or similar representative or the estate of such patient.

SEC. 706. BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE.

(a) GRANTS TO STATES.—Section 1921(b) of the Public Health Service Act (42 U.S.C. 300x-21(b)) is amended by inserting “, and, as applicable, for carrying out section 1923A” before the period.

(b) NONAPPLICABILITY OF PREVENTION PROGRAM PROVISION.—Section 1922(a)(1) of the Public Health Service Act (42 U.S.C. 300x-22(a)(1)) is amended by inserting “except with respect to amounts made available as described in section 1923A,” before “will expend”.

(c) OPIOID TREATMENT PROGRAMS.—Subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x-21 et seq.) is amended by inserting after section 1923 the following:

“SEC. 1923A. ADDITIONAL SUBSTANCE ABUSE TREATMENT PROGRAMS.

“A funding agreement for a grant under section 1921 is that the State involved shall provide that any amounts made available by any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 4192 of the Internal Revenue Code of 1986, reduced by any amounts rebated under section 705(e) of the Comprehensive Addiction and Recovery Act of 2016 (as described in section 1933(a)(1)(B)(i)) be used exclusively for substance abuse (including opioid abuse) treatment efforts in the State, including treatment programs—

“(1) establishing new addiction treatment facilities, residential and outpatient, including covering capital costs;

“(2) establishing sober living facilities;

“(3) recruiting and increasing reimbursement for certified mental health providers providing substance abuse treatment in medically underserved communities or communities with high rates of prescription drug abuse;

“(4) expanding access to long-term, residential treatment programs for opioid addicts (including 30-, 60-, and 90-day programs);

“(5) establishing or operating support programs that offer employment services, housing, and other support services to help recovering addicts transition back into society;

“(6) establishing or operating housing for children whose parents are participating in substance abuse treatment programs, including capital costs;

“(7) establishing or operating facilities to provide care for babies born with neonatal abstinence syndrome, including capital costs;

“(8) establishing or operating substance abuse treatment programs in conjunction with Adult and Family Treatment Drug Courts; and

“(9) other treatment programs, as the Secretary determines appropriate.”.

(d) **ADDITIONAL FUNDING.**—Section 1933(a)(1)(B)(i) of the Public Health Service Act (42 U.S.C. 300x–33(a)(1)(B)(i)) is amended by inserting “, plus any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 4192 of the Internal Revenue Code of 1986, reduced by any amounts rebated under section 705(e) of the Comprehensive Addiction and Recovery Act of 2016” before the period.

SA 3342. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

SEC. 705. MISSION STATEMENT OF THE FOOD AND DRUG ADMINISTRATION.

The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, is directed to amend the mission statement of the Food and Drug Administration to include the following statement: “The FDA is also responsible for protecting the public health by strongly considering the danger of addiction and overdose death associated with prescription opioid medications when approving these medications and when regulating the manufacturing, marketing, and distribution of opioid medications.”

SA 3343. Mr. MANCHIN submitted an amendment intended to be proposed by

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

At the end, add the following:

SEC. 705. APPROVAL OF OPIOID DRUGS.

(a) **IN GENERAL.**—Notwithstanding any other provision of law, the Commissioner of Food and Drugs (referred to in this section as “the Commissioner”) shall ensure that, with respect to each application for an opioid drug submitted under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355)—

(1) an advisory committee of the Center for Drug Evaluation and Research of the Food and Drug Administration evaluates the application and issues a recommendation regarding approval of such drug prior to a final decision to approve such drug; and

(2) if a final decision to approve such drug is inconsistent with the recommendation under paragraph (1), such final decision shall be made by the Commissioner and shall not be delegated.

(b) **REPORTS TO CONGRESS.**—If the advisory committee recommends under subsection (a)(1) that the Commissioner not approve an opioid drug under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), and the Commissioner approves that drug under subsection (a)(2), the Commissioner shall—

(1) submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and to any member of Congress that requests the report, that includes—

(A) medical and scientific evidence regarding patient safety that clearly supports the Commissioner’s decision to approve the opioid drug against the recommendation of the advisory committee; and

(B) a disclosure of any potential conflicts of interest that may exist regarding any official of the Food and Drug Administration who was involved in the decision to approve the drug prior to the Commissioner’s final decision under subsection (a)(2); and

(2) at the request of the Committee on Health, Education, Labor, and Pensions of the Senate or the Committee on Energy and Commerce of the House of Representatives, testify before that committee regarding the Commissioner’s decision to approve the opioid drug against the recommendation of the advisory committee.

(c) **PROHIBITION ON MARKETING.**—A drug described in subsection (b) shall not be introduced or delivered for introduction into interstate commerce until the report described in subsection (b)(1) has been submitted to Congress.

SA 3344. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

SEC. ____ . CONSUMER EDUCATION CAMPAIGN.

Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

“SEC. 506C. CONSUMER EDUCATION CAMPAIGN.

“(a) **IN GENERAL.**—The Administrator shall award grants to States and nonprofit entities for the purpose of conducting culturally sensitive consumer education about opioid

abuse, including methadone abuse. Such education shall include information on the dangers of opioid abuse, how to prevent opioid abuse including through safe disposal of prescription medications and other safety precautions, and detection of early warning signs of addiction.

“(b) **ELIGIBILITY.**—To be eligible to receive a grant under subsection (a), an entity shall—

“(1) be a State or nonprofit entity; and

“(2) submit to the Administrator an application at such time, in such manner, and containing such information as the Administrator may require.

“(c) **PRIORITY.**—In awarding grants under this section, the Administrator shall give priority to applicants that are States or communities with a high incidence of abuse of methadone and other opioids, and opioid-related deaths.

“(d) **EVALUATIONS.**—The Administrator shall develop a process to evaluate the effectiveness of activities carried out by grantees under this section at reducing abuse of methadone and other opioids.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$15,000,000 for each of fiscal years 2017 through 2021.”.

SA 3345. Mrs. SHAHEEN (for herself and Mr. WHITEHOUSE) submitted an amendment intended to be proposed by her to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**TITLE VIII—ADDITIONAL APPROPRIATIONS FOR FISCAL YEAR 2016
SEC. 801. DEPARTMENT OF JUSTICE.**

(a) **STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE.**—

(1) **IN GENERAL.**—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016, \$230,000,000, to remain available until expended, to the Department of Justice for State law enforcement initiatives (which shall include a 30 percent pass-through to localities) under the Edward Byrne Memorial Justice Assistance Grant program, as authorized by subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750 et seq.) (except that section 1001(c) of such Act (42 U.S.C. 3793(c)) shall not apply for purposes of this Act), to be used, notwithstanding such subpart 1, for a comprehensive program to combat the heroin and opioid crisis, and for associated criminal justice activities, including approved treatment alternatives to incarceration.

(2) **EMERGENCY REQUIREMENT.**—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

(b) **HEROIN AND METHAMPHETAMINE TASK FORCES.**—

(1) **IN GENERAL.**—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016, \$10,000,000, to remain available until expended, to the Department of Justice to carry out section 2999 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 204 of this Act, to be used to assist State and local law enforcement agencies in areas with high per capita

levels of opioid and heroin use, targeting resources to support law enforcement operations on the ground.

(2) **EMERGENCY REQUIREMENT.**—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

SEC. 802. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(a) **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.**—

(1) **IN GENERAL.**—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016—

(A) \$300,000,000, to remain available until expended, to the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services, for “Substance Abuse Treatment”, to address the heroin and opioid crisis and its associated health effects, of which not less than \$15,000,000 shall be to improve treatment for pregnant or postpartum women under the pilot program authorized under section 508(r) of the Public Health Service Act (42 U.S.C. 290bb-1), as amended by section 501 of this Act; and

(B) \$10,000,000, to remain available until expended, to the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services, for grants for medication assisted treatment for prescription drug and opioid addiction under section 2999A of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 301 of this Act.

(2) **EMERGENCY REQUIREMENT.**—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

(b) **CENTERS FOR DISEASE CONTROL AND PREVENTION.**—

(1) **IN GENERAL.**—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016, \$50,000,000, to remain available until expended, to the Centers for Disease Control and Prevention of the Department of Health and Human Services, for prescription drug monitoring programs, community health system interventions, and rapid response projects.

(2) **EMERGENCY REQUIREMENT.**—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

SA 3346. Mr. HELLER submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 11, beginning on line 7, strike “and” and all that follows through “(E)” on line 8 and insert the following:

(E) organizations recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code (commonly referred to as “veterans service organizations”); and

(F)

SA 3347. Mr. HELLER submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 11, beginning on line 7, strike “and” and all that follows through “(E)” on line 8 and insert the following:

(E) veterans nonprofit organizations; and

(F)

SA 3348. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. PRACTITIONER EDUCATION.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

“(j)(1) The Attorney General shall not register, or renew the registration of, a practitioner under subsection (f), unless the practitioner submits to the Attorney General, for each such registration or renewal request, a written certification that the practitioner has completed a training program described in paragraph (2).

“(2) A training program described in this paragraph is a training program that—

“(A) includes information on—

“(i) safe opioid prescribing guidelines;

“(ii) the risks of over-prescribing opioid medications;

“(iii) pain management;

“(iv) early detection of opioid addiction; and

“(v) the treatment of opioid-dependent patients; and

“(B) is approved by the Secretary of Health and Human Services.”.

SA 3349. Mr. BOOKER (for himself, Mr. JOHNSON, Mrs. ERNST, and Mr. BROWN) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE VIII—FAIR CHANCE ACT

SEC. 801. SHORT TITLE.

This title may be cited as the “Fair Chance to Compete for Jobs Act of 2016” or the “Fair Chance Act”.

SEC. 802. PROHIBITION ON CRIMINAL HISTORY INQUIRIES PRIOR TO CONDITIONAL OFFER FOR FEDERAL EMPLOYMENT.

(a) **IN GENERAL.**—Subpart H of part III of title 5, United States Code, is amended by adding at the end the following:

“CHAPTER 92—PROHIBITION ON CRIMINAL HISTORY INQUIRIES PRIOR TO CONDITIONAL OFFER

“Sec.

“9201. Definitions.

“9202. Limitations on requests for criminal history record information.

“9203. Agency policies; whistleblower complaint procedures.

“9204. Adverse action.

“9205. Procedures.

“9206. Rules of construction.

“§ 9201. Definitions

“In this chapter—

“(1) the term ‘agency’ means ‘Executive agency’ as such term is defined in section 105 and includes—

“(A) the United States Postal Service and the Postal Regulatory Commission; and

“(B) the Executive Office of the President;

“(2) the term ‘appointing authority’ means an employee in the executive branch of the Government of the United States that has authority to make appointments to positions in the civil service;

“(3) the term ‘conditional offer’ means an offer of employment in a position in the civil service that is conditioned upon the results of a criminal history inquiry;

“(4) the term ‘criminal history record information’—

“(A) except as provided in subparagraph (B), has the meaning given the term in section 9101(a);

“(B) includes any information described in the first sentence of section 9101(a)(2) that has been sealed or expunged pursuant to law, regardless of whether the information is accessible by State and local criminal justice agencies for the purpose of conducting background checks; and

“(C) includes information collected by a criminal justice agency, relating to an act or alleged act of juvenile delinquency, that is analogous to criminal history record information (including such information that has been sealed or expunged pursuant to law); and

“(5) the term ‘suspension’ has the meaning given the term in section 7501.

“§ 9202. Limitations on requests for criminal history record information

“(a) **INQUIRIES PRIOR TO CONDITIONAL OFFER.**—Except as provided in subsections (b) and (c), an employee of an agency may not request, in oral or written form (including through the Declaration for Federal Employment (Office of Personnel Management Optional Form 306), or any similar successor form), including through the USAJOBS Internet Web site or any other electronic means, that an applicant for an appointment to a position in the civil service disclose criminal history record information regarding the applicant before the appointing authority extends a conditional offer to the applicant.

“(b) **OTHERWISE REQUIRED BY LAW.**—The prohibition under subsection (a) shall not apply with respect to an applicant for a position in the civil service if consideration of criminal history record information prior to a conditional offer with respect to the position is otherwise required by law.

“(c) **EXCEPTION FOR CERTAIN POSITIONS.**—

“(1) **IN GENERAL.**—The prohibition under subsection (a) shall not apply with respect to an applicant for an appointment to a position—

“(A) that requires a determination of eligibility described in clause (i), (ii), or (iii) of section 9101(b)(1)(A);

“(B) as a Federal law enforcement officer (as defined in section 115(c) of title 18); or

“(C) identified by the Director of the Office of Personnel Management in the regulations issued under paragraph (2).

“(2) **REGULATIONS.**—

“(A) **ISSUANCE.**—The Director of the Office of Personnel Management shall issue regulations identifying additional positions with respect to which the prohibition under subsection (a) shall not apply, giving due consideration to positions that involve interaction with minors, access to sensitive information, or managing financial transactions.

“(B) **COMPLIANCE WITH CIVIL RIGHTS LAWS.**—The regulations issued under subparagraph (A) shall—

“(i) be consistent with, and in no way supersede, restrict, or limit the application of title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.) or other relevant Federal civil rights laws; and

“(ii) ensure that all hiring activities conducted pursuant to the regulations are conducted in a manner consistent with relevant Federal civil rights laws.

“§ 9203. Agency policies; complaint procedures

“The Director of the Office of Personnel Management shall—

“(1) develop, implement, and publish a policy to assist employees of agencies in complying with section 9202 and the regulations issued pursuant to such section; and

“(2) establish and publish procedures under which an applicant for an appointment to a position in the civil service may submit a complaint, or any other information, relating to compliance by an employee of an agency with section 9202.

“§ 9204. Adverse action

“(a) FIRST VIOLATION.—If the Director of the Office of Personnel Management determines, after notice and an opportunity for a hearing on the record, that an employee of an agency has violated section 9202, the Director shall—

“(1) issue to the employee a written warning that includes a description of the violation and the additional penalties that may apply for subsequent violations; and

“(2) file such warning in the employee's official personnel record file.

“(b) SUBSEQUENT VIOLATIONS.—If the Director of the Office of Personnel Management determines, after notice and an opportunity for a hearing on the record, that an employee that was subject to subsection (a) has committed a subsequent violation of section 9202, the Director may take the following action:

“(1) For a second violation, suspension of the employee for a period of not more than 7 days.

“(2) For a third violation, suspension of the employee for a period of more than 7 days.

“(3) For a fourth violation—

“(A) suspension of the employee for a period of more than 7 days; and

“(B) a civil penalty against the employee in an amount that is not more than \$250.

“(4) For a fifth violation—

“(A) suspension of the employee for a period of more than 7 days; and

“(B) a civil penalty against the employee in an amount that is not more than \$500.

“(5) For any subsequent violation—

“(A) suspension of the employee for a period of more than 7 days; and

“(B) a civil penalty against the employee in an amount that is not more than \$1,000.

“§ 9205. Procedures

“(a) APPEALS.—The Director of the Office of Personnel Management shall by rule establish procedures providing for an appeal from any adverse action taken under section 9204 by not later than 30 days after the date of the action.

“(b) APPLICABILITY OF OTHER LAWS.—An adverse action taken under section 9204 (including a determination in an appeal from such an action under subsection (a) of this section) shall not be subject to—

“(1) the procedures under chapter 75; or

“(2) except as provided in subsection (a) of this section, appeal or judicial review.

“§ 9206. Rules of construction

“Nothing in this chapter may be construed to—

“(1) authorize any officer or employee of an agency to request the disclosure of information described under subparagraphs (B) and (C) of section 9201(4); or

“(2) create a private right of action for any person.”

(b) REGULATIONS; EFFECTIVE DATE.—

(1) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, the Director of the Office of Personnel Management shall issue such regulations as are necessary to carry out chapter 92 of title 5, United States Code (as added by this title).

(2) EFFECTIVE DATE.—Section 9202 of title 5, United States Code (as added by this title), shall take effect on the date that is 2 years after the date of enactment of this Act.

(c) TECHNICAL AND CONFORMING AMENDMENT.—The table of chapters for part III of title 5, United States Code, is amended by inserting after the item relating to chapter 91 the following:

“92. Prohibition on criminal history inquiries prior to conditional offer 9201”.

(d) APPLICATION TO LEGISLATIVE BRANCH.—(1) IN GENERAL.—The Congressional Accountability Act of 1995 (2 U.S.C. 1301 et seq.) is amended—

(A) in section 102(a) (2 U.S.C. 1302(a)), by adding at the end the following:

“(12) Section 9202 of title 5, United States Code.”;

(B) by redesignating section 207 (2 U.S.C. 1317) as section 208; and

(C) by inserting after section 206 (2 U.S.C. 1316) the following new section:

“SEC. 207. RIGHTS AND PROTECTIONS RELATING TO CRIMINAL HISTORY INQUIRIES.

“(a) DEFINITIONS.—In this section, the terms ‘agency’, ‘criminal history record information’, and ‘suspension’ have the meanings given the terms in section 9201 of title 5, United States Code, except as otherwise modified by this section.

“(b) RESTRICTIONS ON CRIMINAL HISTORY INQUIRIES.—

“(1) IN GENERAL.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), an employee of an employing office may not request that an applicant for employment as a covered employee disclose criminal history record information if the request would be prohibited under section 9202 of title 5, United States Code, if made by an employee of an agency.

“(B) CONDITIONAL OFFER.—For purposes of applying that section 9202 under subparagraph (A), a reference in that section 9202 to a conditional offer shall be considered to be an offer of employment as a covered employee that is conditioned upon the results of a criminal history inquiry.

“(2) RULES OF CONSTRUCTION.—The provisions of section 9206 of title 5, United States Code, shall apply to employing offices, consistent with regulations issued under subsection (d).

“(c) REMEDY.—

“(1) IN GENERAL.—The remedy for a violation of subsection (b)(1) shall be such remedy as would be appropriate if awarded under section 9204 of title 5, United States Code, if the violation had been committed by an employee of an agency, consistent with regulations issued under subsection (d), except that the reference in that section to a suspension shall be considered to be a suspension with the level of compensation provided for a covered employee who is taking unpaid leave under section 202.

“(2) PROCESS FOR OBTAINING RELIEF.—An applicant for employment as a covered employee who alleges a violation of subsection (b)(1) may rely on the provisions of title IV (other than sections 404(2), 407, and 408), consistent with regulations issued under subsection (d).

“(d) REGULATIONS TO IMPLEMENT SECTION.—

“(1) IN GENERAL.—Not later than 18 months after the date of enactment of the Fair

Chance to Compete for Jobs Act of 2016, the Board shall, pursuant to section 304, issue regulations to implement this section.

“(2) PARALLEL WITH AGENCY REGULATIONS.—The regulations issued under paragraph (1) shall be the same as substantive regulations issued by the Director of the Office of Personnel Management under section 802(b)(1) of the Fair Chance to Compete for Jobs Act of 2016 to implement the statutory provisions referred to in subsections (a) through (c) except to the extent that the Board may determine, for good cause shown and stated together with the regulation, that a modification of such regulations would be more effective for the implementation of the rights and protections under this section.

“(e) EFFECTIVE DATE.—Section 102(a)(12) and subsections (a) through (c) shall take effect on the date on which section 9202 of title 5, United States Code, applies with respect to agencies.”.

(2) CLERICAL AMENDMENT.—The table of contents of such Act is amended—

(A) by redesignating the item relating to section 207 as the item relating to section 208; and

(B) by inserting after the item relating to section 206 the following new item:

“Sec. 207. Rights and protections relating to criminal history inquiries.”.

(e) APPLICATION TO JUDICIAL BRANCH.—

(1) IN GENERAL.—Section 604 of title 28, United States Code, is amended by adding at the end the following:

“(i) RESTRICTIONS ON CRIMINAL HISTORY INQUIRIES.—

“(1) DEFINITIONS.—In this subsection—

“(A) the terms ‘agency’ and ‘criminal history record information’ have the meanings given those terms in section 9201 of title 5;

“(B) the term ‘covered employee’ means an employee of the judicial branch of the United States Government, other than—

“(i) any judge or justice who is entitled to hold office during good behavior;

“(ii) a United States magistrate judge; or

“(iii) a bankruptcy judge; and

“(C) the term ‘employing office’ means any office or entity of the judicial branch of the United States Government that employs covered employees.

“(2) RESTRICTION.—A covered employee may not request that an applicant for employment as a covered employee disclose criminal history record information if the request would be prohibited under section 9202 of title 5 if made by an employee of an agency.

“(3) EMPLOYING OFFICE POLICIES; COMPLAINT PROCEDURE.—The provisions of sections 9203 and 9206 of title 5 shall apply to employing offices and to applicants for employment as covered employees, consistent with regulations issued by the Director to implement this subsection.

“(4) ADVERSE ACTION.—

“(A) ADVERSE ACTION.—The Director may take such adverse action with respect to a covered employee who violates paragraph (2) as would be appropriate under section 9204 of title 5 if the violation had been committed by an employee of an agency.

“(B) APPEALS.—The Director shall by rule establish procedures providing for an appeal from any adverse action taken under subparagraph (A) by not later than 30 days after the date of the action.

“(C) APPLICABILITY OF OTHER LAWS.—Except as provided in subparagraph (B), an adverse action taken under subparagraph (A) (including a determination in an appeal from such an action under subparagraph (B)) shall not be subject to appeal or judicial review.

“(5) REGULATIONS TO BE ISSUED.—

“(A) IN GENERAL.—Not later than 18 months after the date of enactment of the

Fair Chance to Compete for Jobs Act of 2016, the Director shall issue regulations to implement this subsection.

“(B) PARALLEL WITH AGENCY REGULATIONS.—The regulations issued under subparagraph (A) shall be the same as substantive regulations promulgated by the Director of the Office of Personnel Management under section 802(b)(1) of the Fair Chance to Compete for Jobs Act of 2016 except to the extent that the Director of the Administrative Office of the United States Courts may determine, for good cause shown and stated together with the regulation, that a modification of such regulations would be more effective for the implementation of the rights and protections under this subsection.

“(6) EFFECTIVE DATE.—Paragraphs (1) through (4) shall take effect on the date on which section 9202 of title 5 applies with respect to agencies.”.

SEC. 803. PROHIBITION ON CRIMINAL HISTORY INQUIRIES BY CONTRACTORS PRIOR TO CONDITIONAL OFFER.

(a) CIVILIAN AGENCY CONTRACTS.—

(1) IN GENERAL.—Division C of subtitle I of title 41, United States Code, is amended by adding at the end the following new section:

“§ 4713. Prohibition on criminal history inquiries by contractors prior to conditional offer

“(a) LIMITATION ON CRIMINAL HISTORY INQUIRIES.—

“(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), an executive agency—

“(A) may not require that an individual or sole proprietor who submits a bid for a contract to disclose criminal history record information regarding that individual or sole proprietor before determining the apparent awardee; and

“(B) shall require, as a condition of receiving a Federal contract and receiving payments under such contract that the contractor may not verbally, or through written form, request the disclosure of criminal history record information regarding an applicant for a position related to work under such contract before the contractor extends a conditional offer to the applicant.

“(2) OTHERWISE REQUIRED BY LAW.—The prohibition under paragraph (1) does not apply with respect to a contract if consideration of criminal history record information prior to a conditional offer with respect to the position is otherwise required by law.

“(3) EXCEPTION FOR CERTAIN POSITIONS.—

“(A) IN GENERAL.—The prohibition under paragraph (1) does not apply with respect to—

“(i) a contract that requires an individual hired under the contract to access classified information or to have sensitive law enforcement or national security duties; or

“(ii) a position that the Administrator of General Services identifies under the regulations issued under subparagraph (B).

“(B) REGULATIONS.—

“(i) ISSUANCE.—Not later than 16 months after the date of enactment of the Fair Chance to Compete for Jobs Act of 2016, the Administrator of General Services, in consultation with the Secretary of Defense, shall issue regulations identifying additional positions with respect to which the prohibition under paragraph (1) shall not apply, giving due consideration to positions that involve interaction with minors, access to sensitive information, or managing financial transactions.

“(ii) COMPLIANCE WITH CIVIL RIGHTS LAWS.—The regulations issued under clause (i) shall—

“(I) be consistent with, and in no way supersede, restrict, or limit the application of title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.) or other relevant Federal civil rights laws; and

“(II) ensure that all hiring activities conducted pursuant to the regulations are conducted in a manner consistent with relevant Federal civil rights laws.

“(b) COMPLAINT PROCEDURES.—The Administrator of General Services shall establish and publish procedures under which an applicant for a position with a Federal contractor may submit to the Administrator a complaint, or any other information, relating to compliance by the contractor with subsection (a)(1)(B).

“(c) ACTION FOR VIOLATIONS OF PROHIBITION ON CRIMINAL HISTORY INQUIRIES.—

“(1) FIRST VIOLATION.—If the head of an executive agency determines that a contractor has violated subsection (a)(1)(B), such head shall—

“(A) notify the contractor;

“(B) provide 30 days after such notification for the contractor to appeal the determination; and

“(C) issue a written warning to the contractor that includes a description of the violation and the additional remedies that may apply for subsequent violations.

“(2) SUBSEQUENT VIOLATION.—If the head of an executive agency determines that a contractor that was subject to paragraph (1) has committed a subsequent violation of subsection (a)(1)(B), such head shall notify the contractor, shall provide 30 days after such notification for the contractor to appeal the determination, and, in consultation with the relevant Federal agencies, may take actions, depending on the severity of the infraction and the contractor's history of violations, including—

“(A) providing written guidance to the contractor that the contractor's eligibility for contracts requires compliance with this section;

“(B) requiring that the contractor respond within 30 days affirming that the contractor is taking steps to comply with this section; and

“(C) suspending payment under the contract for which the applicant was being considered until the contractor demonstrates compliance with this section.

“(d) DEFINITIONS.—In this section:

“(1) CONDITIONAL OFFER.—The term ‘conditional offer’ means an offer of employment for a position related to work under a contract that is conditioned upon the results of a criminal history inquiry.

“(2) CRIMINAL HISTORY RECORD INFORMATION.—The term ‘criminal history record information’ has the meaning given that term in section 9201 of title 5.”.

(2) CLERICAL AMENDMENT.—The table of sections for division C of subtitle I of title 41, United States Code, is amended by inserting after the item relating to section 4712 the following new item:

“4713. Prohibition on criminal history inquiries by contractors prior to conditional offer.”.

(3) EFFECTIVE DATE.—Section 4713(a) of title 41, United States Code, as added by paragraph (1), shall apply with respect to contracts awarded pursuant to solicitations issued after the effective date described in section 802(b)(2) of this title.

(b) DEFENSE CONTRACTS.—

(1) IN GENERAL.—Chapter 137 of title 10, United States Code, is amended by adding at the end the following new section:

“§ 2338. Prohibition on criminal history inquiries by contractors prior to conditional offer

“(a) LIMITATION ON CRIMINAL HISTORY INQUIRIES.—

“(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), the head of an agency—

“(A) may not require that an individual or sole proprietor who submits a bid for a con-

tract to disclose criminal history record information regarding that individual or sole proprietor before determining the apparent awardee; and

“(B) shall require as a condition of receiving a Federal contract and receiving payments under such contract that the contractor may not verbally or through written form request the disclosure of criminal history record information regarding an applicant for a position related to work under such contract before such contractor extends a conditional offer to the applicant.

“(2) OTHERWISE REQUIRED BY LAW.—The prohibition under paragraph (1) does not apply with respect to a contract if consideration of criminal history record information prior to a conditional offer with respect to the position is otherwise required by law.

“(3) EXCEPTION FOR CERTAIN POSITIONS.—

“(A) IN GENERAL.—The prohibition under paragraph (1) does not apply with respect to—

“(i) a contract that requires an individual hired under the contract to access classified information or to have sensitive law enforcement or national security duties; or

“(ii) a position that the Secretary of Defense identifies under the regulations issued under subparagraph (B).

“(B) REGULATIONS.—

“(i) ISSUANCE.—Not later than 16 months after the date of enactment of the Fair Chance to Compete for Jobs Act of 2016, the Secretary of Defense, in consultation with the Administrator of General Services, shall issue regulations identifying additional positions with respect to which the prohibition under paragraph (1) shall not apply, giving due consideration to positions that involve interaction with minors, access to sensitive information, or managing financial transactions.

“(ii) COMPLIANCE WITH CIVIL RIGHTS LAWS.—The regulations issued under clause (i) shall—

“(I) be consistent with, and in no way supersede, restrict, or limit the application of title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.) or other relevant Federal civil rights laws; and

“(II) ensure that all hiring activities conducted pursuant to the regulations are conducted in a manner consistent with relevant Federal civil rights laws.

“(b) COMPLAINT PROCEDURES.—The Secretary of Defense shall establish and publish procedures under which an applicant for a position with a Department of Defense contractor may submit a complaint, or any other information, relating to compliance by the contractor with subsection (a)(1)(B).

“(c) ACTION FOR VIOLATIONS OF PROHIBITION ON CRIMINAL HISTORY INQUIRIES.—

“(1) FIRST VIOLATION.—If the Secretary of Defense determines that a contractor has violated subsection (a)(1)(B), the Secretary shall—

“(A) notify the contractor;

“(B) provide 30 days after such notification for the contractor to appeal the determination; and

“(C) issue a written warning to the contractor that includes a description of the violation and the additional remedies that may apply for subsequent violations.

“(2) SUBSEQUENT VIOLATIONS.—If the Secretary of Defense determines that a contractor that was subject to paragraph (1) has committed a subsequent violation of subsection (a)(1)(B), the Secretary shall notify the contractor, shall provide 30 days after such notification for the contractor to appeal the determination, and, in consultation with the relevant Federal agencies, may take actions, depending on the severity of the infraction and the contractor's history of violations, including—

“(A) providing written guidance to the contractor that the contractor’s eligibility for contracts requires compliance with this section;

“(B) requiring that the contractor respond within 30 days affirming that the contractor is taking steps to comply with this section; and

“(C) suspending payment under the contract for which the applicant was being considered until the contractor demonstrates compliance with this section.

“(d) DEFINITIONS.—In this section:

“(1) **CONDITIONAL OFFER.**—The term ‘conditional offer’ means an offer of employment for a position related to work under a contract that is conditioned upon the results of a criminal history inquiry.

“(2) **CRIMINAL HISTORY RECORD INFORMATION.**—The term ‘criminal history record information’ has the meaning given that term in section 9201 of title 5.”

(2) **EFFECTIVE DATE.**—Section 2338(a) of title 10, United States Code, as added by paragraph (1), shall apply with respect to contracts awarded pursuant to solicitations issued after the effective date described in section 802(b)(2) of this title.

(3) **CLERICAL AMENDMENT.**—The table of sections for chapter 137 of title 10, United States Code, is amended by inserting after the item relating to section 2337 the following new item:

“2338. Prohibition on criminal history inquiries by contractors prior to conditional offer.”

(C) **REVISIONS TO FEDERAL ACQUISITION REGULATION.**—

(1) **IN GENERAL.**—Not later than 18 months after the date of enactment of this Act, the Federal Acquisition Regulatory Council shall revise the Federal Acquisition Regulation to implement section 4713 of title 41, United States Code, and section 2338 of title 10, United States Code, as added by this section.

(2) **CONSISTENCY WITH OFFICE OF PERSONNEL MANAGEMENT REGULATIONS.**—The Federal Acquisition Regulatory Council shall revise the Federal Acquisition Regulation under paragraph (1) to be consistent with the regulations issued by the Director of the Office of Personnel Management under section 2(b)(1) to the maximum extent practicable. The Council shall include together with such revision an explanation of any substantive modification of the Office of Personnel Management regulations, including an explanation of how such modification will more effectively implement the rights and protections under this section.

SEC. 804. REPORT ON EMPLOYMENT OF INDIVIDUALS FORMERLY INCARCERATED IN FEDERAL PRISONS.

(a) **DEFINITION.**—In this section, the term “covered individual”—

(1) means an individual who has completed a term of imprisonment in a Federal prison for a Federal criminal offense; and

(2) does not include an alien who is or will be removed from the United States for a violation of the immigration laws (as such term is defined in section 101 of the Immigration and Nationality Act (8 U.S.C. 1101)).

(b) **STUDY AND REPORT REQUIRED.**—The Director of the Bureau of Justice Statistics, in coordination with the Director of the Bureau of the Census, shall—

(1) not later than 6 months after the date of enactment of this Act, design and initiate a study on the employment of covered individuals after their release from Federal prison, including by collecting—

(A) demographic data on covered individuals, including race, age, and sex; and

(B) data on employment and earnings of covered individuals who are denied employ-

ment, including the reasons for the denials; and

(2) not later than 2 years after the date of enactment of this Act, and every 5 years thereafter, submit a report that does not include any personally identifiable information on the study conducted under paragraph (1) to—

(A) the Committee on Homeland Security and Governmental Affairs of the Senate;

(B) the Committee on Health, Education, Labor, and Pensions of the Senate;

(C) the Committee on Oversight and Government Reform of the House of Representatives; and

(D) the Committee on Education and the Workforce of the House of Representatives.

SA 3350. Mr. SCHATZ (for himself and Mr. HATCH) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I of the bill, add the following:

SEC. 104. ENHANCING BASIC AND APPLIED RESEARCH ON PAIN TO DISCOVER THERAPIES TO REDUCE THE CURRENT OVER-PRESCRIBING OF OPIOIDS.

(a) **IN GENERAL.**—The Director of the National Institutes of Health may intensify and coordinate fundamental, translational, and clinical research of the National Institutes of Health (referred to in this section as the “NIH”) with respect to the understanding of pain and the discovery and development of therapies for chronic pain.

(b) **PRIORITY AND DIRECTION.**—The prioritization and direction of the Federally funded portfolio of pain research studies shall consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research Strategy, and the NIH-Wide Strategic Plan for Fiscal Years 2016–2020, the latter which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.

(c) **FUNDING.**—Funds shall be available to carry out this section from funds otherwise available to the NIH.

AMERICAN HEART MONTH AND NATIONAL WEAR RED DAY

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Health, Education, Labor, and Pensions Committee be discharged from further consideration of S. Res. 365 and the Senate proceed to its immediate consideration.

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

The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 365) designating February 2016 as “American Heart Month” and February 5, 2016, as “National Wear Red Day.”

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I further ask unanimous consent that

the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 365) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of February 8, 2016, under “Submitted Resolutions.”)

CELEBRATING BLACK HISTORY MONTH

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 379, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 379) celebrating Black History Month.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 379) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today’s RECORD under “Submitted Resolutions.”)

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to executive session for the en bloc consideration of Calendar Nos. 468 through 471 and all nominations on the Secretary’s desk; that the nominations be confirmed en bloc and the motions to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in order; that any statements related to the nominations be printed in the RECORD; that the President be immediately notified of the Senate’s action and the Senate then resume legislative session.

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

The nominations considered and confirmed en bloc are as follows:

IN THE AIR FORCE

The following named Air National Guard of the United States officer for appointment in the Reserve of the Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601: