

epidemic of addiction particularly deadly.

In cities, small towns, and rural areas across the State, people are dying each week. Everyone knows someone—a family member, a friend, a neighbor—who has overdosed. No one is immune. People from every background, income level, and generation are at risk.

One of the individuals we have tragically lost was a brother of a staff member of mine. His name was David McCarthy, and his struggle with addiction was captured in a feature this summer in *The Washington Post*, entitled, “And Then He Decided Not to Be.” David, who had been sober for several months, relapsed on the evening before he left home to return to his winter job at a ski resort.

His family came forward to speak openly and honestly about his death because they believe, as I do, that removing the stigma and silence around addiction is an essential part of treating it as the serious illness that it is.

One of the most poignant aspects of this family’s experience is that the day after David’s death, his brother Michael overdosed on the same batch of heroin. In Michael’s case, however, he was found while he was still alive, and the same paramedics who responded to David’s death happened to have a physician with them who administered an overdose reversal drug to revive him, so he survived. With his family’s support, he has now entered a long-term treatment program. Access to those resources, like readily available Narcan and quality treatment opportunities, quite literally saves lives.

I am deeply frustrated and disappointed that my colleagues here in Congress have been unable to come together to provide funding to address this epidemic. I am very glad to see the House working on legislation this week related to opioid abuse, but the reality is, without funds appropriated to support the new programs created, many of these bills are nothing more than political rhetoric.

I am afraid that some lawmakers would prefer to have people suffering from addiction continue to turn to our already overburdened emergency rooms for care, to continue asking them to enter treatment, only to be turned away because they can’t pay, or asking those people who are addicted to continue struggling to recover while also dealing with homelessness, food insecurity, and a range of other challenges. That is just unacceptable.

Every victim of this epidemic represents an incredible loss, not only to the people who love them, but to all of us, in the form of missed potential.

This summer I had the pleasure of meeting Chris Poulos, a University of Maine law graduate who was working to get his security clearance for a fellowship at the White House Office of National Drug Control Policy. The process was especially difficult for him because he is a convicted felon who was

arrested for drug possession during a period of addiction to opioids and other drugs; but now Chris is devoting his considerable talent and intellect to helping others—not despite, but because of his own recovery. The State of Maine and our country are better off because he could access treatment when he needed it.

Our constituents need treatment, and they need it now. States can’t face the epidemic alone, and they shouldn’t have to. The difference Federal funding can make became clear to me recently when I visited Crossroads, a recovery center in my district. Through a Federal grant, they established a treatment program for pregnant and parenting women which allows them to remain unified with their children while working on their recovery.

One participant, Helen, came to the program while pregnant with her fourth child. The caring staff at Crossroads worked with her to ensure that she was able to bond with her baby after his birth and help facilitate her transition to a long-term sober housing program. I am proud that Federal funding played a part in her recovery. I firmly believe that helping Helen to get clean is a great investment in her, in her children, and in our society.

During my visit to Crossroads, though, I heard about the many people who struggle to access affordable treatment or find themselves left without any support when they have completed it. They, too, need us urgently.

Congress needs to come together and appropriate emergency funds to combat the epidemic of opioid abuse in our country. Clearly, it is a matter of life and death.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentlewoman from Maine. I thank her for sharing the personal story of David and Michael. I know that, in my extended office family, we grieve and remember and will continue to work for change for Kyle and Emmett, who we have lost in the past year as well. We will remember all the names that were mentioned in this first hour of Stephen, Jennifer, Morgan, Bethany, Matt, Tracy, Jared, Chad, Tony, David, and Michael.

I thank my colleague from New Hampshire again for his work on this bipartisan task force.

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

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4641, ESTABLISHING PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE, AND PROVIDING FOR CONSIDERATION OF H.R. 5046, COMPREHENSIVE OPIOID ABUSE REDUCTION ACT OF 2016

Mr. STIVERS (during the Special Order of Ms. CLARK of Massachusetts), from the Committee on Rules, submitted a privileged report (Rept. No. 114-551) on the resolution (H. Res. 720)

providing for consideration of the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, and providing for consideration of the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of opioid abuse, and for other purposes, which was referred to the House Calendar and ordered to be printed.

COMBATING THE HEROIN AND OPIOID EPIDEMIC

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 6, 2015, the gentleman from New Hampshire (Mr. GUINTA) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. GUINTA. Mr. Speaker, I ask unanimous consent that Members have 5 legislative days to revise and extend their remarks in the RECORD.

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

There was no objection.

Mr. GUINTA. Mr. Speaker, I want to thank my colleague, the gentlewoman from Massachusetts (Ms. CLARK), who is doing great work in this area. New England is particularly stressed with an opioid epidemic, as are many other States around the country, but her work is important because we share a cross-State border. We need to continue to work together on this particular issue.

I yield to the gentleman from Illinois (Mr. DOLD), a leader on the heroin and opioid epidemic and bringing legislation to the floor.

Mr. DOLD. Mr. Speaker, I want to thank my good friend for yielding. I want to thank Representative GUINTA for his leadership with the Bipartisan Task Force to Combat the Heroin Epidemic. I also want to thank Representative KUSTER and Representative CLARK for their leadership on this issue.

Mr. Speaker, between 2001 and 2014, there was a threefold increase in prescription drug overdoses. What was amazing is that during that same period of time there was a sixfold increase in heroin overdoses in the United States. This is truly an epidemic. Today every 19 minutes, someone dies from a heroin overdose.

In Chicago’s collar counties, we lose one individual every 3 days. In Cook County, it is more than one a day. As the co-chair of the Illinois Suburban Anti-Heroin Task Force, I have seen the unimaginable suffering that heroin has brought into families in our community. Naloxone, however, has proven to be hugely successful as a lifesaving

antidote. When used, naloxone helps restore breathing that has been stopped by an overdose of heroin.

In Lake County, Illinois, alone, over the course of a little bit over a year, over 74 lives have been saved with naloxone. This program equips police with the overdose antidote and trains them how to administer this medication. What was fascinating was that the police force didn't have to be asked to do this. They actually requested to have the opportunity because they were coming to these scenes over and over and over again, usually about 5 to 7 minutes before first responders and the fire department would come, before the paramedics would be there. They didn't want to actually watch these young people, these individuals, these people who were addicted just wither away and die. So they were given naloxone, they were given the training, and thus we have seen the success in one county across our country.

My work with the Lake County Opioid Initiative inspired me to introduce Lali's Law with Representative CLARK. Our bill is named in honor of Alex Laliberte, a young man from Stevenson High School, who passed away just before his finals in his sophomore year.

Now, what is amazing about Alex is that Alex was a normal guy. He played sports, had lots of friends, had good grades, your typical all-American, red-blooded young man. Yet when he was in college in that first part of his sophomore year, he started to get sick, and he went into the hospital. His parents and his teachers, nobody really knew what was wrong, but he was actually going through withdrawal from prescription drugs. He would get better and then, all of a sudden, would repeat this process, until eventually he passed away.

Lali's Law will help increase access to naloxone by providing grant money to States as they implement standing order programs that will allow pharmacists to dispense naloxone over the counter without a person-specific prescription. With increased access, the World Health Organization says that we will be able to save at least 20,000 additional lives each and every year.

□ 2015

Naloxone is one piece of the puzzle to combat the opioid epidemic. Another piece is getting addicts saved by naloxone—those that have had that second chance at recovery—into treatment.

This summer the Lake County Opioid Initiative is rolling out another program with the help of police officers who are trying to become that link between the addicts. They are trying to get those suffering from addiction into treatment centers that can actually help them. They want to bring them in.

They say: We don't want to put you in handcuffs. We don't want to put you behind bars. We actually want to get you into treatment. So bring your par-

aphernalia in, bring the drugs in here, and let's try to get you into an area where you can get that treatment that you need.

We are also encouraging people to properly dispose of their excess medications, especially prescription opioids. The Lake County Underage Drinking and Drug Prevention Task Force has set up drug take-back boxes throughout Lake County at police departments.

What is amazing is that, over the course of the last year, they have collected 12,000 pounds of prescription drugs. This is just in the police station.

So we went to Walgreens and said: Please help us. Please help us get this word out. Please help us make it easier for us to allow people to get their prescriptions that they don't need—the excess—back. They are able to and said they would happily to do that.

I am so pleased to announce that Walgreens said they are going to put 500 prescription take-back boxes throughout the country. This is a huge step forward. CVS is working on education programs. So we appreciate those outside of the Congress that are helping us in this regard.

I am thrilled that we are taking up these incredible bills, these great bills, these steps forward that will help our communities combat the opioid epidemic by leveraging resources in our judicial and public health systems.

I encourage my colleagues to take a look at these very seriously. I encourage my colleagues not only to vote for these, but I encourage my colleagues to go back to their community and educate their citizens, their families, their organizations in their district, about this incredible epidemic.

There are parents I encounter today that say, "It is not in my neighborhood," and it is, "It is not in my school," and it is. The evidence is far too overwhelming.

Frankly, this is why this week, in a bipartisan effort, Republicans and Democrats alike are coming together to shed light on what we see each and every day.

Because there is no way in the world we can have another parent walk into a bedroom to find another child that has overdosed without doing all that we can to try to prevent that tragedy from happening ever again.

So, again, I want to thank FRANK GUINTA, I want to thank ANN KUSTER, and I want to thank all of those that have come tonight to help combat this incredible epidemic.

Mr. GUINTA. I want to thank the gentleman from Illinois (Mr. DOLD), for his leadership in Lali's Law and making sure that that bill comes to the floor for passage, as it is incredibly important to his district and honors Alex and his challenge.

I yield to the gentlewoman from New Hampshire (Ms. KUSTER), my friend and the co-chairman of the Bipartisan Task Force to Combat the Heroin Epidemic, who is working diligently with

me on this task force to do everything we can to help citizens of our State and the Nation.

Ms. KUSTER. I thank Mr. GUINTA for his leadership and all of the participants in this bipartisan Special Order who are putting a face on the heroin epidemic all across the country.

This evening I rise, as co-chair of the Bipartisan Task Force to Combat the Heroin Epidemic, to join my colleagues on both sides of the aisle who have spoken to highlight the impact that this devastating impact has had in our home State of New Hampshire and all across the country.

Just a few months ago our task force held a similar Special Order to focus on the human impacts of this crisis and how it is affecting families and friends and colleagues in communities all across our districts. While the crisis has continued, the good news is that we are now making important progress toward a solution here in Congress.

I am appreciative of the important work that the Senate undertook in passing the Comprehensive Addiction and Recovery Act, and I want to thank Democratic and Republican leadership as well of the relevant committees for their hard work in recent weeks in bringing legislation to the floor of the House this week.

At the same time, I call upon my colleagues to ensure that this important work fulfills its intended purpose by providing the necessary assistance to treatment and recovery efforts that are so critical to responding to this crisis.

Recently, in January, I spoke about my dear friend Kriss' stepdaughter, Amber, who tragically died from an overdose after a treatment bed was unavailable for her after leaving incarceration. This story, of course, illustrates the tragic consequences that limited treatment capacities can have for vulnerable members of our communities.

Another heartbreaking story in my district involves Carl, the son of my constituent and good friend, Sue Messinger.

At 24 years old, Carl had been using heroin on and off for about a year before he finally approached his parents to talk about his addiction. To put it simply, his parents were stunned.

Carl was a recent college graduate who earned good grades and had his eyes set on applying to dental school. It was almost inconceivable to them that such a high-achieving young man could fall victim to opioid addiction. But as they learned that day and as we all now know too well, there is no one face of addiction.

After discussing his addiction at length with his parents and asking for their help and support as he began his journey to recovery, Carl's parents were able to secure him a place at a detox program over 50 miles away from home, the only one that would take him as a cash-paying client because their insurance would not cover an opioid detox program.

Six days later Carl successfully completed the detox and was discharged to

return home to his parents. Over the next several weeks, Carl continued on his road to recovery. He passed every drug test and remained resolutely committed to avoiding all drugs and alcohol. His family was so pleased to see him getting better with each and every day.

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

Triggered by the codeine in the cough syrup, Carl's addiction was instantly reawakened. When Carl could resist the craving no longer, he decided to inject. The substance he injected, however, was pure fentanyl, 50 times more powerful than heroin. He died of an overdose in his family's home.

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

Since his death, his mother Sue has spoken out about the need to reform labeling requirements to make sure that no other family has to endure what she has had to live through. Carl was an educated, kind, driven young man who came from a supportive family, and this tragedy could occur to anyone.

The tragedy of Carl's story is why I was proud to help introduce Jessie's Law. Sponsored by Representative WALBERG, this bill would seek to ensure that medical professionals have full knowledge of a patient's previous opioid addiction.

It seeks to do this by requiring the Secretary of Health and Human Services to develop standards for the prominent display of a patient's history of opioid addiction in their medical records when those patients consent to include that information and by ensuring that the information can more easily be shared among providers with consent.

While this legislation was only recently introduced and is not included in the current package of bills, I am hopeful we can work on bipartisan basis to bring this important bill to the floor before the end of this session.

I am very pleased with the legislation we are considering this week that will have a measurable impact to move the needle in finding this epidemic.

Among the 15 bills on the floor this week, half are part of the legislative agenda developed by the Bipartisan Task Force to Combat the Heroin Epidemic that I started with my colleague, Congressman GUINTA. Additionally, provisions of several other bills are included in legislation being considered.

So this week represents truly important progress in the House. It is crit-

ical that those who have engaged in the fight against the epidemic continue to press on in our efforts to include critical financial assistance for prevention, treatment, and recovery in our final bill.

As we reflect tonight on those we have lost to this epidemic and those who are still fighting it, let us continue to focus to ensure our communities have the help that they need to put this crisis behind us.

Again, I thank all of our colleagues who are working to stop this epidemic.

Mr. GUINTA. I want to thank the gentlewoman from New Hampshire for talking about Carl and our good friend Kriss and her stepdaughter Amber.

I yield to the gentleman from Pennsylvania (Mr. FITZPATRICK), my colleague.

Mr. FITZPATRICK. I thank Representative GUINTA for yielding and for his incredible and sustained leadership, along with Representative KUSTER and others, on this important bipartisan work.

I know that we all wonder if the work that we do here in the Nation's capital—the bills that we consider, the votes that we cast—is having an impact on individuals.

I truly believe—and I know that each of us do—that, if we can pass the bills that are being discussed here tonight, we can get them through the Senate and on the President's desk. If they could become law, we literally could save lives. We could see families being saved.

For some that we represent, the opioid drug use may seem a world away. But, sadly, the numbers remove any doubt about heroin's impact so close to home when we have heard those stories told over and over again this evening.

By every metric, the effects of heroin has reached epidemic levels. I heard Representative COURTNEY earlier today here on the floor speak about the epidemic as a national emergency. With that I agree.

In Pennsylvania, heroin overdoses and opioid abuse will kill more people than homicides or influenza. In some States, it is more deadly than automobile accidents.

There are several reasons for the rising statistics, Mr. Speaker, including the increased supply and decreased cost of heroin and the increasing number of Americans addicted to opioid painkillers.

At a townhall meeting last fall in Quakertown, Bucks County, Pennsylvania, in my district, graduates of the Bucks County Drug Court shared their inspirational journeys toward recovery.

These stories, while marked with tragedy, are also punctuated with the hope that their message can save others from the pain and the loss of heroin addiction. Their message is having an impact.

My community of Bucks County, Pennsylvania, and others around this

country are joining in the fight against drug abuse. Just 2 weeks ago, Bucks County residents helped dispose of more than 10,394 pounds of old pills and prescription drugs.

I just heard this evening both Representative DOLD and Representative CHABOT speak about what they referred to as drug take-back days. We in Bucks County have removed literally tons of prescription drugs from the street, medicine cabinets, and from the water stream. Remove the supply as we work to remove the demand.

As a member of the task force, I am continuing to work with leaders like those speaking here tonight in both political parties toward a common goal of developing and enacting these national policies to stem the rising tide of drug use and drug abuse.

Through the hard work of this task force and the tireless efforts of local recovery advocates across our country, this week the House will take an important step toward passing comprehensive policies designed to help combat the opioid epidemic facing our Nation.

I am proud to be part of this effort that will undoubtedly help save others from the pain and the loss of addiction.

I thank Representative GUINTA for his leadership. We look forward to the success of these bills here this week.

Mr. GUINTA. I thank Congressman FITZPATRICK for his leadership on the bipartisan task force and for working with us to combat this significant challenge.

I yield to the gentleman from Staten Island, New York (Mr. DONOVAN).

Mr. DONOVAN. I thank Congressman GUINTA and Congresswoman KUSTER for their leadership in this area.

Mr. Speaker, this week the House of Representatives will act to pass a package of bills addressing the opioid crisis.

One of them, the Comprehensive Opioid Abuse Reduction Act, will authorize new grant programs for cities and nonprofits for education, treatment, and enforcement, and not a minute too soon.

Opioid abuse is an epidemic. It is everywhere you look. It is in our neighborhood, in our social circles, and in our schools. Too many parents have buried their sons and daughters or watched them struggle for years with addiction, treatment, and relapse. It has to stop.

An effective response needs to address three areas: education, treatment, and enforcement. Today's youth have to be educated about the dangers of addiction, and loved ones need to learn to recognize the early signs.

□ 2030

The legislation the House will pass this week authorizes new grants to prevent the next generation from abusing pills and heroin.

Proven diversion programs, like the drug treatment courts I participated in as district attorney of Staten Island

for 12 years, should have the resources and the staffing needed to accomplish their mission: To get users off of drugs.

The Comprehensive Opioid Abuse Reduction Act authorizes grants to establish new drug courts and expand those already in operation. However, we must follow up on our efforts this week and ensure that the grant application process is not overly complicated and onerous.

In the past, the Federal grant processes has discouraged effective treatment organizations from seeking the resources made available by Congress. This is a national health emergency, and the bureaucracy must not get in the way of treatment.

Mr. Speaker, this week marks a major step forward. Congress is directing resources towards programs and policies that have been effective, and will continue to evaluate what is working and what is not. By working together and getting the right tools to local experts, we can beat this demon of addiction.

Mr. GUINTA. Mr. Speaker, I thank the gentleman from New York for his work on the Opioid Abuse Reduction Act, I thank him for his work on the task force and continuing the fight in this epidemic.

Mr. Speaker, I yield to the gentleman from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank my colleagues, Mr. GUINTA, Ms. KUSTER, and the previous Special Order leader, Ms. CLARK. This is tremendously a great turnout for such an important subject, and for you three to lead it. Especially my good friend, Mr. GUINTA, I want to say thank you on behalf of the many families who have been affected by this epidemic in Central Illinois where I am blessed to serve. I think this shows how serious Congress is about addressing the issue of opioids and addiction in our country, and I am happy the House is going to consider important pieces of legislation this week.

I want to read a quote from today's Bloomington, Illinois, Pantagraph. It says: "The profile of a typical heroin user shooting up in an alley or backstage at a rock concert no longer holds true."

According to the CDC, there were more than 1,700 drug overdose deaths in my home State of Illinois in 2014, and the eighth highest in the Nation.

As of March of this year, the Illinois Department of Public Health reported that 761 deaths in 2015 were attributed to heroin alone. And while the majority of these occur in the Chicagoland area, our State's rural communities, the communities that I serve, have seen a noticeable rise of heroin-related deaths in recent years.

As a matter of fact, just yesterday in Bloomington, Illinois, the towns of Bloomington, Normal, McLean County, I was there. There have been seven deaths last year attributed in that one county to heroin use.

I had the opportunity to join McLean County Sheriff Jon Sandage and Coun-

ty Coroner Kathy Davis and talk about what they see firsthand.

Mr. Speaker, I saw for the first time in my life what heroin looked like in the evidence locker at the McLean County Sheriff's Office just yesterday. I also had the opportunity to ride along with McLean County Sheriff's Deputy Jonathan Albee, a handler in the department's K-9 Unit, and his dog, Keej, who liked to bark at me a lot while I was in that car.

We discussed the recent rise in heroin overdoses, as well as the 70 percent increase in arrests for controlled substance possession that the McLean County Sheriff's Office says they have seen in the last year. And during that ride-along, I got to experience a stop where drugs were found, but not heroin.

This is the community where my daughter just finished her freshman year in college. I have seen how this epidemic cannot just touch larger communities, many urban communities like Bloomington, Normal, and McLean County, it touches my home county of Christian County, too.

Mr. Speaker, just a few years ago our county health department director was arrested for heroin use and heroin possession. If it can happen to our own county health department director, it can happen to anyone, regardless of your socioeconomic status.

Mr. Speaker, there are many factors that have made this epidemic widespread, from prescription practices, to the actions of cartels south of the border; and that is why we are addressing this important issue this week in the House of Representatives.

I am proud to join with my colleague, Mr. GUINTA. I want to thank him and the rest of the colleagues who have come here tonight to support this important issue.

I can't wait to vote in a bipartisan way for every single bill we are going to take up this week to address this very important issue.

Mr. GUINTA. I thank the gentleman from Illinois for his being here this evening, his leadership. He has talked very eloquently over the last several months about constituents of his that he is working so closely to help in creating an opportunity for recovery. So I thank the gentleman and thank him for being here.

Mr. Speaker, I yield to the gentleman from West Chester, Pennsylvania (Mr. COSTELLO).

Mr. COSTELLO of Pennsylvania. Mr. Speaker, Kevin Steele, who is the district attorney in Montgomery County, one of the four counties that I represent a portion of in southeastern Pennsylvania, noted earlier this week that there were 2,500 drug overdose deaths in Pennsylvania over the past year, 60 alone in Montgomery County.

This is what he said: "We're seeing numbers we haven't seen before. We're on pace to have the deadliest year for overdoses."

Now, not all of them are heroin, but quite a good number of them are.

I did not plan on coming down here to the House floor and speaking about any particular individual who I know, and I won't name names; but I will say this, and this is a bit of a surreal moment for me.

Between the time that I left my office and I came to the House floor, my brother texted me to let me know that someone that he went to high school with, who he was good friends with, who played in my backyard growing up, had passed away.

I then reached out to my other friend, who let me know that it was indeed, by all accounts, heroin. And in speaking with this friend, he shared with me the names of a few other individuals from my high school that I was completely unaware of who have passed away in the past 6 months, kids I haven't seen or heard from in 15 or 20 years, but nevertheless, it strikes very close to home for me and I am sure a lot of Members here tonight who have had firsthand experience with the epidemic.

As a member of the Bipartisan Task Force to Combat the Heroin Epidemic, I do want to thank Mr. GUINTA and his leadership. We have an opportunity this week to take constructive steps to combat the heroin and opioid epidemic that damages our communities and destroys families, and we have that opportunity by bringing a series of commonsense, bipartisan bills to the House floor for consideration.

Now, it is a package of bills. I won't get into the specifics of each one. I would rather paint with a little bit more of a broad brush here this evening and simply say that these legislative efforts to take constructive steps to get direct and immediate resources to those on the front line in this battle, our first responders, our physicians, and healthcare providers, our local and municipal officials, is a tremendous step forward in the right direction.

I served as a county commissioner, and I can tell you, I know the challenges that our local emergency responders and law enforcement professionals face each and every day.

Indeed, last week I was in Berks County, one of the four counties I represent, and had a roundtable with the county commissioners there, the district attorney, the director of the emergency department at the local hospital, and also drug treatment professionals.

It is very clear that we need a multi-lateral approach between drug treatment professionals, medical professionals, local officials. They each play a different role, but the theme is somewhat the same.

We have outdated regulations, we have insufficient resources, and we need to better align the resources that we are providing. And that is what we are going to do this week in the House, positive productive steps on a bipartisan basis to get those on the front lines in our communities, the resources they need. In doing so, we will better

empower our local first responders, our local law enforcement, and our community healthcare providers.

I would be remiss if I didn't also speak about the issue of prevention, prevention in the first instance. Abuse-deterrent medications are critical. Our life sciences industry in my district and across this country are making tremendous strides. It is a key component in preventing addiction for many in the first instance.

Let me conclude, though, with this, Mr. Speaker. As legislators, as lawmakers, we can't end this epidemic. A law, any number of laws that simply pass the House that may get signed into law are not going to end an epidemic. We understand that—and I want the American people to understand tonight—we are not saying that by passing laws, we end the epidemic.

But what we can do is improve collaboration and better align resources from and for the various stakeholders so that together we can turn the trajectory of this epidemic, which is on a very dangerous course, we can turn it into a declining direction, which is what we need to do. We need to turn this around.

We have a tremendous opportunity here in the House this week to take very positive steps in that direction, and I want to thank Mr. GUINTA for his leadership on this issue.

Mr. GUINTA. Mr. Speaker, I thank the gentleman from Pennsylvania (Mr. COSTELLO) for being here this evening and for his leadership in authoring the Prevent Drug Addiction Act of 2016, another mechanism by which we can provide opportunity to those who suffer from the ailment of addiction. His work is very well-regarded on the bipartisan task force and, again, I thank him for his leadership.

Mr. Speaker, I yield to another honorable gentleman from the great State of Pennsylvania (Mr. MEEHAN), my good friend.

Mr. MEEHAN. Mr. Speaker, I thank the gentleman from New Hampshire and all of my colleagues who have taken this approach to comprehensive discussion on what we can do with legislation to deal with the issue of not just heroin abuse, but the opioids that are now a precursor.

I would suggest that just about everybody who has come to this floor comes with a personal story. Mine is very personal as well.

The name of the act that I am sponsoring that is part of this comprehensive package is the John Thomas Decker Act.

John was an athlete of great talent. He was one of the record holders for more than a decade as a receiver who went on to Cornell as part of a program in which he was a lacrosse player, a program that won a national championship during his time there.

But John, like so many student athletes, suffered from a knee injury that impacted his ability to play, and like so many, he played through the pain.

And one of the things that he used in order to deal with that pain was opioids, opioids that in the beginning were prescribed, and then subsequently were used by him without a prescription.

But that should not surprise you, because one of the things that we look at with respect to college athletes is that 23 percent of college athletes, according to one NCAA study, have been prescribed pain medications during the course of the year. Another 6 percent, on top of that, self-prescribe with opioids.

So as a result, we have almost 1 in 4—more than 1 in 4 dealing with opioids. The problem being that that leads, oftentimes, to an addiction. There is a misunderstanding, a belief among many that it is a much safer drug because it has been prescribed, but not a recognition that it can lead, in weeks and even days with daily use, to a psychological dependency, which can lead toward the addiction.

Many people think that because they have been able to get it under control, they will return to it at some time later at a dosage that they used before, and because of the concentration being higher, they will return, and oftentimes it can lead, as it did in John Thomas Decker's situation, to an overdose.

The John Thomas Decker Act is designed to enable, at the high school level, the Centers for Disease Control to reach out, study the impact of opioid use among high school athletes and better arm those who engage with them to monitor the use of those who have been prescribed it, to screen for history of current drug use, depression, other kinds of things that can lead to addiction, and begin to educate not just those student athletes, but those who are in charge of those student athletes about the great concern of opioid abuse, which can lead to heroin addiction and, ultimately, death.

□ 2045

I'm grateful for the leadership of my colleague from New Hampshire and her counterpart across the aisle for their work in this important area. I urge my colleagues from both sides of the aisle to support the John Thomas Decker Act, and I know that all of us will be committed to doing everything we can to stay ahead of this very, very challenging issue for our Nation.

Mr. GUINTA. I thank the gentleman from Pennsylvania (Mr. MEEHAN) for his leadership on the John Thomas Decker Act and his work in fighting this addiction as well.

Again, I thank the gentleman very much.

Mr. Speaker, I yield to the gentleman from West Virginia (Mr. JENKINS).

Mr. JENKINS of West Virginia. Mr. Speaker, the United States is in the middle of a drug crisis that is ravaging urban and rural communities alike. We have seen the overdose rates skyrocket in the United States in recent years.

My home State of West Virginia sits atop the list, and I have seen firsthand the destruction that the disease of addiction has brought to our cities and towns.

But imagine for a moment actually starting your life in the throes of withdrawal. This is the tragic reality for thousands of newborns nationwide. During pregnancy, a baby is exposed to any drugs the mother takes. As soon as they are born, their bodies begin going through withdrawal from heroin, opioids, and other drugs. Not even babies are immune from the effects of this drug epidemic.

Until you see these babies going through withdrawal yourself, you cannot imagine their suffering. Their bodies shake with tremors. Their cries are heartbreaking. They are sensitive to noise, to light, and even to touch. No baby should have to go through withdrawal in their first hours, in their first days or weeks of his or her life.

We in the House are working together on this critical issue. We are passing much-needed legislation to create a path to recovery and a path to a healthy start in life for every child.

I am honored to have legislation included in this package of bills this week. The Nurturing and Supporting Healthy Babies Act will expand our knowledge of coverage and care for newborns with neonatal abstinence syndrome, or NAS, babies suffering from withdrawal after birth from the exposure during pregnancy.

The dramatic increase of NAS, the challenges to developing new models of care, and breaking down regulatory barriers are things I know all too well. I helped start Lily's Place in my hometown of Huntington, West Virginia, which treats NAS newborns in a stand-alone facility. The care given is complementary to the traditional hospital setting. Lily's Place offers clinical care by doctors and nurses, as well as social workers for families.

Hearing the cries of these newborns will forever change you. We owe it to each and every child to make sure they have a chance to start their lives healthy and happy.

I wish to thank Congressman GUINTA and Congresswoman KUSTER for their leadership on the Bipartisan Task Force to Combat the Heroin Epidemic. By working together, we can find solutions and build a brighter future.

Mr. GUINTA. I want to thank the gentleman from West Virginia for his leadership on the Nurturing and Supporting Healthy Babies Act. I look forward to voting this week in favor of the gentleman's legislation, and I appreciate the gentleman's compassion and passion for the issue.

Mr. Speaker, I yield to the gentleman from Georgia, Congressman CARTER.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for holding this Special Order to discuss such an important issue.

Mr. Speaker, as a lifelong pharmacist, I have experienced firsthand

the struggles that medical professionals and Americans face with prescription drug abuse. Many don't realize, but medical professionals are not immune to prescription drug abuse. I have had several colleagues in the pharmacy profession who have struggled with prescription drug abuse.

In addition, I was the cosponsor in the Georgia General Assembly when the Georgia Prescription Drug Monitoring Program was created. I believe that PDMPs are one of the most important tools in the fight against prescription drug abuse. As a pharmacist, I experienced several customers who would walk into my store with an out-of-State driver's license. As you can imagine, I was a little hesitant to fill a prescription of someone who has a Kentucky driver's license when my store is in south Georgia.

I believe the best way to address this issue is to work as a team. Physicians, nurses, pharmacists, and anyone else who is part of an individual's medical team has a role to play. We must work together if we want to win against this powerful epidemic.

In addition, community leaders, community service centers, and any other entity that is involved in community health has a role to play. We must all work together as a community to help people who are struggling with addiction.

I encourage all of my colleagues to get involved in this issue. It is one that will destroy your communities and its families from the inside out, and you won't know you have a problem until it is almost too big to fight.

Again, I want to thank the gentleman from New Hampshire for holding this Special Order. I hope we can continue to work together on this issue because this work will never be done.

Mr. GUINTA. Mr. Speaker, I want to thank the gentleman from Georgia for his leadership, and particularly for his expertise in the area of pharmacology. It is a critical component of understanding that we need to achieve based on the opioid crisis. I appreciate the gentleman's leadership and his ability to work with the Congress to make sure that we are finding and striving for solutions beyond opioids for prescriptions for pain in the country.

Mr. Speaker, I yield to the gentleman from California, Congressman KNIGHT.

Mr. KNIGHT. I want to thank Congresswoman KUSTER and Congressman GUINTA for taking a leadership role in this epidemic. This is something that has gone across the country. We have seen huge rises in the Northeast and across the Midwest, but this is something that is not immune from any one of our districts.

I, along with Representatives ESTY and COSTELLO, are sponsoring legislation to establish education programs for both consumer awareness and practitioner training to get at the root of most of these addictions.

As a police officer for 18 years with the LAPD, I have seen an awful lot of

drug addiction and drug addiction problems in our streets. We saw rock hit our streets many, many years ago, and that is still infiltrating many of our urban areas in America. Then we moved on to other drugs like meth and heroin.

Heroin was always one of those kind of taboo drugs, but today it is not. We have seen a lot of the kids that get addicted because they got a sports injury or they got some other issue and have gotten a prescription drug, and they have moved on from the oxys when they have run out of these opioids and they have moved on to heroin.

So it has not become a taboo drug. It has actually been a new drug that they can continue on their addiction; and they don't understand what it is doing to their body, and they don't understand the addictions that are hurting them and, in some instances, killing them.

We have seen heroin and fentanyl taking over our streets and not just moving from California to Maine, but absolutely taking over America and hurting our kids and killing our kids in record numbers.

My wife is also an NICU nurse. She has been an NICU nurse for about 20 years, and she has seen the effects of little babies that have come in and are now addicted to these drugs, and they are addicted to heroin. Seeing what this does to a baby that is born premature and now addicted to this drug makes your heart go out, but you also understand the problems that these babies are going to have probably for a very long time in their young lives.

If we don't do something, this will continue to ravage our kids, and it will continue to kill our kids on our streets. If Congressman GUINTA and Congresswoman KUSTER had not brought this forward, then somebody would have had to. But who? So I say I thank you to them both for doing this. I know it ravages your State of New Hampshire, but it also affects our States and our cities across the country. Without leadership, this would have continued to go on.

These bills that we are voting on will do something. They will have an effect. The local administrations have to have an effect. Our counties and our States have to have an effect or this will continue on.

So I say I thank you to the gentleman and the gentleman, and I encourage everyone to vote on these.

Mr. GUINTA. Mr. Speaker, I want to thank the gentleman from California (Mr. KNIGHT) for his service on the task force, his service for the last 18 years in uniform, and the gentleman's continued service here in the Congress. The gentleman's depth and understanding of the issue is critical to the passage of the legislation that we are bringing to the floor this week. I look forward to continuing our work with the gentleman, and I thank the gentleman.

Mr. Speaker, I now yield to the gentleman from our great State of New

Hampshire (Ms. KUSTER), my esteemed colleague, who is the co-chairman of the bipartisan task force.

Ms. KUSTER. I thank the gentleman, Mr. GUINTA, for his leadership and to everyone who participated tonight.

The idea behind a Special Order to put a face on this terrible heroin epidemic and addiction, generally, is to create compassion and empathy both among our colleagues and for those of you who may be watching at home. We need a societal change in the way we approach substance use disorder. We need to understand that this is a disease. I say at home, frequently, every time you hear the word "addict," think of the word "diabetic." We don't say to someone: We can't treat you because you have just eaten cake. Essentially, we say: That is a really hard disease for you to live with, and we want to help you.

That is the message that we want to convey tonight to families in New Hampshire and all across this country. We want to be a part of the solution, and that is going to include prevention, education, treatment, access to treatment, expanding access to treatment, and then lifelong recovery.

We know that the brain changes under the misuse of prescription drugs or opiates or heroin, and we need to have the patience to help people get through not just the treatment itself, but the recovery period. We need homes where people can live in a substance-free environment, and we need supports and mental health supports. We have learned that four out of five heroin users have a co-occurring mental health issue typically untreated and typically not getting any kind of help with that. So in a sense, what you have are people that are self-medicating.

We also know that four out of five heroin users are coming to this through prescription medication, so we need to reach out and work with our healthcare providers. I am very proud that both the American Medical Association and the American Hospital Association are supporting many of the bills that we have coming forward on the floor this week.

So this is the beginning. Our work is not done, but the message tonight is that Congress is coming together in a bipartisan way to tackle this head-on, to help these families, to help people get treatment, and to put an end to this terrible, terrible disease.

I thank the gentleman from New Hampshire.

Mr. GUINTA. I want to thank the gentleman, my colleague from our State of New Hampshire, where, unfortunately, last year, 430 people perished due to opioid abuse and addiction. That is 1 out of every 3,000 of our residents. It is a significant challenge in our State, in the Northeast, and New England, but all across the country. Almost 50,000 people, last year, died of this epidemic.

It is not just an epidemic, but an emergency, one that I believe this Congress is firmly standing strong in a bipartisan way to find solutions, to do our part at the Federal level to make sure that we have every opportunity not just to help those who seek treatment and recovery, but also to strengthen law enforcement, to focus on those individuals who are selling these drugs across the country, from California to New Hampshire, but also being proactive in prevention and in education.

We often speak of our friends and constituents in New Hampshire that continue to suffer, but we also talk about our children. I have a 12-year-old and an 11-year-old that I hope will live lives without and free from drugs. I want to make sure that every seventh- and eighth-grader in the State of New Hampshire understands the severity of the problem and understands that this is something that is deadly that we cannot even take once.

As you mentioned, the challenge of fentanyl, lacing a pill of heroin with as many as three small pieces of fentanyl the size of grains of sand can kill a person. Most people don't realize that. This is a deadly, deadly epidemic.

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This week the House of Representatives takes up a whole host of bills. After the Senate passed their CARA Act 94-1, we have had four committees of jurisdiction work and try to improve that piece of legislation.

I look forward to sharing a very strong bipartisan vote this week on a whole host of bills, going to conference with the Senate, and getting this bill to the President's desk. It is a mark of bipartisanship and it is a mark of leadership, something that the country needs to see from this institution and from this city.

I want to thank all of my colleagues who participated in this Special Order tonight to kick off Heroin and Opioid Awareness Week. We have heard stories of success and difficulty come in equal measure from every corner of the country.

I commend the House for passing a comprehensive bipartisan bill for the relief of the vulnerable, the victimized, and distressed in my district, in your district, and throughout the Nation. Any measure we take to lighten even slightly the burden of suffering patients and families can make the difference between fatal despair and renewal.

The House is scheduled to take up several similar measures this week. It is my hope that, when combined, our efforts will begin to form a solution to this harrowing and tragic national crisis. We will continue to work for safe communities and effective evidence-based treatments.

But I want to end this evening on a favorable note. I want to share the story of my friend, Abi Lizotte, who the gentlewoman from New Hampshire,

Congresswoman KUSTER, knows all too well.

Abi Lizotte last year had been addicted to heroin for an extended period of time and had nowhere left to turn. Her family wouldn't help her. Her friends wouldn't help her. Even the people she bought drugs from wouldn't help her.

She was 8 months pregnant. She finally called a nurse, a nurse that had helped her earlier in the year, and asked for assistance. She went to the hospital and thankfully was able to see a physician. That physician told her that she was days away from dying while she was carrying her child.

Thankfully, through the grace of God and the help of people in New Hampshire, she was able to start the process of recovery. Today my friend Abi—and I am proud to call her my friend—has testified in front of our committee hearings in New Hampshire, has testified about the experience that she had and the loneliness and despair that she experienced. She is now 6 months clean with an 8-month-old son named Parker. It is a story of success.

She continues each and every day to strive for that success for others. She actually goes to schools in New Hampshire and speaks to kids about her experience in the hope that other people will not fall to the same experience she had over the last several years.

I count her as a friend, but I focus our work in her name, just as you focus your work in the name of Kriss Soterian's stepdaughter, Amber, because these are people we know. These are people that we don't just represent. They are people that we want to try to save.

I am very, very happy to see our leadership, the bipartisanship this week in the legislation that will come to this floor, and I pray that next year we don't see the same number of deaths, that we start to see a decline.

But, regardless, this is just the beginning of this process where we will continue to fight for every life, to fight for every person who is dealing with the disease of addiction, and will continue to work in a bipartisan way because people of our Nation deserve it.

I want to thank my colleague again, ANN KUSTER from New Hampshire, my co-chair of the bipartisan task force, for her leadership. I thank the speakers this evening. I look forward to a productive week and a productive year.

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

ISSUES OF THE DAY

The SPEAKER pro tempore (Mr. WESTERMAN). Under the Speaker's announced policy of January 6, 2015, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, we are back in session and things have continued to proceed on. I appreciate so much my colleagues calling attention to this national disaster, really. Opioids are

being used at what seem to be unprecedented levels.

I know, since I have been here, there was basically a war against the use of methamphetamines. So we restricted law-abiding citizens' access to Sudafed, one decongestant that works on me and has since it was discovered.

We have had more drugs pouring across our southern border, according to what DEA agents and local law enforcement have been telling me in Texas and Border Patrol down at our border, DPS at our border. Drugs pouring in seem to have more purity and be more devastating to people that get hooked on them.

Obviously, we have had doctors and nurses. I have sentenced many professionals, a number of them at least, for crimes committed. And they are getting access to opioids, but it is a problem.

What concerns me, also, is that it appears this administration is saying: We will help you clean up the criminal justice inadequacies as long as you will pass bills that will get a lot of people, thousands and thousands of people, released from prison early.

We have seen from the figures that were provided to Senator JEFF SESSIONS, pursuant to his request, that, of all the people in Federal prison for possession of illegal substances, 77 percent of them are not citizens of the United States. That is 77 percent of those in Federal prison for possession are not U.S. citizens. So, obviously, this President has been giving illegal, unconstitutional amnesties out like they were water at a marathon.

Hopefully, the Supreme Court is once and for all going to assure that that stops. But it makes sense when you look at this as being an election year and the Democratic Governor of Virginia makes thousands of felons eligible to vote.

All they need is to get out of prison, and then this President wants thousands and thousands more released from prison. The old saying is true here in Washington: No matter how cynical you get, it is never enough to catch up.

We should do criminal justice reform. I have been pushing for it for the years I have been here, I guess for the last 8 years.

But if it is only going to get signed into law if it is combined with scrapping the sentences that were arrived at by judges agonizing over an appropriate sentence, then I hope and pray it will not happen until January of next year, when a new President is in office, so that it does not get linked.

I mean, the cynicism for an administration to say, "Yeah. We will do the criminal justice reform that is necessary, but only if you will allow us to release thousands and thousands from prison," which there is no question that people will be murdered, people will be robbed, people will be assaulted, shot, burglarized in crimes that never would have happened if the President hadn't pushed the early release of so many criminals.