

of the so-called reform through labor camps.

After moving to the United States in 1985, Wu began returning to China to secretly document the labor camps, known as laogai. His work was showcased both on CBS and on the BBC in the early 1990s and continued through his Laogai Research Foundation and museum in Washington. He testified before Congress on China's unfulfilled promises of reform, forced abortions and sterilizations, Internet censorship, and religious repression.

We can honor his tremendous work by ensuring the truths he revealed are not forgotten and by continuing to defend human rights in China and across the world.

#### DR. CASTRO AND THE CONSUL OF MEXICO AWARD

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

Mr. COSTA. Mr. Speaker, I rise to recognize Dr. Joseph Castro, the president of Fresno State University. Dr. Castro is the president of one of the finest universities in the Western United States. It also happens to be my alma mater.

Since Dr. Castro has been president, it has been clear that he wants to make a positive difference in the lives of all students, especially of those who are from California's San Joaquin Valley. Over 60 percent of the students are the first in their families to attend a university, and it has over 25,000 students today.

This is one of the many reasons the Consul General of Mexico honored Dr. Castro with the Ohtli Award, which is the highest award given to exceptional leaders who improve the lives of the Hispanic community abroad.

Dr. Castro is truly deserving of this award. He understands the immigrant communities throughout the valley and throughout the region and my home, which we are also proud to represent. It is a special place. It is where he was from originally, from California, and he is the first Hispanic president to be appointed at Fresno State.

Please join me in honoring Dr. Joseph Castro and the entire Fresno State faculty and staff for all they do for the students to ensure that they have access to a high quality, affordable college education, because they are the future of America.

#### NATIONAL WOMEN'S HEALTH WEEK

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise in honor of National Women's Health Week.

Our goal this week is to empower women to prioritize and to take charge

of their health. Thanks to the Affordable Care Act, women can access preventative care for little or no cost, but there still are concerning gaps in women's health.

One out of four women reports not visiting a doctor because of the cost, and nearly two out of three women in America die from chronic diseases like diabetes, heart disease, cancer, which is why women need quality, affordable, and accessible health care.

Protecting and improving the health of American women is one of my top priorities in Congress. I fought to insert language in the annual defense bill to ensure that our brave servicewomen and female veterans have access to adequate health services that fully address their specific medical needs, including preventative care and infertility treatments.

We have seen increasing attacks on women's health in Congress. So it is important, more than ever, that we ensure women's access to contraception and to their constitutionally protected right to choose.

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Mr. JOLLY) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, May 11, 2016.

Hon. PAUL D. RYAN,  
*The Speaker, House of Representatives,*  
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on May 11, 2016 at 9:12 a.m.:

That the Senate passed without amendment H.R. 4923.

That the Senate passed S. 1352.

That the Senate passed with amendments H.R. 4336.

With best wishes, I am  
Sincerely,

KAREN L. HAAS.

#### APPOINTMENT OF MEMBER TO BOARD OF VISITORS TO THE UNITED STATES MILITARY ACADEMY

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 10 U.S.C. 4355(a), clause 10 of rule I, and the order of the House of January 6, 2015, of the following Member on the part of the House to the Board of Visitors to the United States Military Academy to fill the existing vacancy thereon:

Mr. SEAN PATRICK MALONEY of New York

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. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 720 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 720

*Resolved*, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union 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. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. It shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill. The committee amendment in the nature of a substitute shall be considered as read. All points of order against the committee amendment in the nature of a substitute are waived. No amendment to the committee amendment in the nature of a substitute shall be in order except those printed in part A of the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the committee amendment in the nature of a substitute. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. At any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union 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. The first reading of the bill shall be

dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary. After general debate the bill shall be considered for amendment under the five-minute rule. It shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 114-52. That amendment in the nature of a substitute shall be considered as read. All points of order against that amendment in the nature of a substitute are waived. No amendment to that amendment in the nature of a substitute shall be in order except those printed in part B of the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the amendment in the nature of a substitute made in order as original text. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Georgia is recognized for 1 hour.

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

□ 1230

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include any extraneous material on House Resolution 720, currently under consideration.

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

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, I am pleased to bring this rule forward today on behalf of the Rules Committee.

The rule provides for consideration of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act of 2016, and H.R. 4641, a bill to establish an interagency task force to review, modify, and update best practices for pain management and for prescribing pain medication.

For H.R. 5046, the rule provides for 1 hour of debate, equally divided and controlled by the chairman and ranking member of the Judiciary Committee.

And for H.R. 4641, the rule provides for 1 hour of debate, equally divided and controlled by the chairman and ranking member of the Energy and Commerce Committee.

Both rules are structured rules that make in order numerous amendments.

Yesterday the Rules Committee received testimony from members of the Judiciary Committee, the Energy and Commerce Committee, and multiple other Members on their amendments. H.R. 5046 was marked up by the Judiciary Committee, and H.R. 4641 was reported by the Energy and Commerce Committee. Both bills have broad bipartisan support.

These bills are part of the House's effort to combat our Nation's growing opioid epidemic. They reflect a commitment to address this devastating problem in a constructive and meaningful way.

Opioid abuse hits communities all across this country, rich and poor, rural, suburban, and urban, and it takes a major toll. In 2012, an estimated 2.1 million in the United States were suffering from substance abuse disorders related to prescription opioid pain relievers. An estimated 467,000 people were addicted to heroin.

In the same year, in Georgia, the Georgia Bureau of Investigation found that prescription drugs played a role in 592 deaths in 152 of 159 counties for which autopsies were performed.

Mr. Speaker, just the other day I was having coffee with a dear friend of mine who I have known for 20 years. As we were talking and I mentioned what we were doing here, he brought forth that just in the last little bit in his own family life he has seen relatives that have been touched by this epidemic of painkillers and substance abuse issues. This is something that can affect anyone in any family, and this is why we are here today.

The bills before us today take steps to combat the opioid epidemic and drug addiction.

H.R. 5046, introduced by Mr. SENSENBRENNER from Wisconsin, establishes a comprehensive opioid abuse grant program. The program encompasses new and existing Department of Justice programs, including training for first responders, law enforcement, drug courts, residential substance abuse treatment, and criminal investigations for the unlawful distribution of opioids.

Importantly, this bill provides flexibility for the States to use the funds where they are needed most. It does so by establishing one grant program that has numerous allowable uses. The bill also ensures that there isn't duplication and eliminates redundancy.

I was proud to support this bill at the Judiciary Committee.

H.R. 4641, introduced by Congresswoman SUSAN BROOKS of Indiana, es-

tablishes a pain management best practices interagency task force. This task force will include representatives from Federal agencies, state medical boards, healthcare professionals, experts from addiction recovery communities, and others knowledgeable in the field.

The task force will be responsible for reviewing and updating best practices for acute and chronic pain management in an evidence-based manner. It will also be responsible for sharing the information found with healthcare professionals. This bill recognizes that responses to the opioid epidemic need to be coordinated and thoughtful.

Addiction is happening far too often with devastating consequences. Further, it is shown that prescription opioid abuse often leads to heroin abuse—and the sheriffs in my part of my State can attest to this every day—compounding this problem.

In fact, according to the Centers for Disease Control, 45 percent of people who used heroin were addicted to prescription opioid painkillers.

Heroin has frequently been thought of as an inner-city problem, but we are starting to see it more and more outside of cities and spreading to rural areas, too. This problem is a problem for America. This problem has exploded.

According to the Georgia Bureau of Investigation, heroin deaths have increased in Georgia by 300 percent. That is an astonishing and very tragic statistic.

CDC statistics on opioid abuse show 18,893 overdose deaths related to prescription pain relievers and 10,574 overdose deaths related to heroin in 2014. Those are staggering numbers.

The opioid epidemic affects everyone, and I believe that most people could tell you of a family member or friend who has suffered in some way because of this problem.

Also, Mr. Speaker, it affects babies who are born addicted to opioids and other drugs. These children, through no fault of their own, are born with a serious and heartbreaking problem. They then go through dangerous withdrawals and can be left with lasting health consequences. We have to find a way to stop this.

The opioid epidemic affects veterans, whose battle scars are treated by a VA whose answer too often is to prescribe high quantities of opioids with little thought to the consequences.

I am a chaplain in the United States Air Force Reserve. I served in Iraq. I saw firsthand the scars that the battlefield can leave, both physical and mental. We need a support system for our veterans. We need to address their pain. We need to ensure that they have an avenue to get the help they need.

I believe that the bills that this rule provides for will take the steps to make that happen. Our veterans deserve our very best.

Addiction issues are often related to other co-occurring disorders, including mental health issues. Addiction claims victims, and addiction is a disease.

We must not turn a blind eye to those in need. We must work to halt the opioid epidemic, and we must act to prevent more deaths and to stop the growth and spread of the problem. Today's bills are a step toward doing that, and I am glad that we have the opportunity to discuss those in an open manner.

These bills are brought forward due to the hard work of many Members. In particular, I thank Chairmen GOODLATTE and UPTON, Ranking Members CONYERS and PALLONE, Congresswoman BROOKS, Congressman SENSENBRENNER, and their staffs for their work in bringing these important reforms together. These reforms are a step in the right direction.

I reserve the balance of my time.

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

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

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Georgia (Mr. COLLINS) for the customary 30 minutes.

I rise to speak on the rule for consideration of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act, and H.R. 4641, a bill to provide for the establishment of an interagency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes.

By the end of this week, the House will have taken up a total of 17 bipartisan opiate-related bills, each a critical measure to help us tackle the opioid crisis in a variety of ways as we work to end this scourge hurting so many communities across our country and costing the lives of so many all across this country.

I am pleased that the House will be considering this critical bipartisan legislation this week. But in all honesty, I am also very concerned that Republicans are not proposing the new funding that is necessary to meaningfully address the opioid crisis.

So, in addition to passing the bipartisan legislation on the floor this week, which authorizes a new grant program, we must also provide real, new resources in the form of appropriations to ensure that the initiatives in this legislation can be fully implemented.

If we don't do that, all the speeches that we will give this week will amount to empty rhetoric. We need to make sure we fund these priorities. This is an emergency.

Opiate addiction is inflicting a savage daily toll in neighborhoods across America. According to the CDC, 78 Americans die from an opiate overdose every day, and many of them are young people. In 2013, the number of heroin users was 681,000, an increase of more than 250,000 users since 2002. This crisis is affecting every region across the country and every demographic group.

I have long said that Congress must provide the meaningful resources that

are needed to make a difference and save lives. Today I am pleased that we are coming together and taking action to attempt to do just that. These are important first steps.

In New England, we know all too well the terrible toll of the opiate epidemic. Having seen the damage it has done to the communities that I represent in central and western Massachusetts, tackling the opiate epidemic has long been a top priority for me.

Across Massachusetts, the number of opiate overdose deaths climbed by nearly 10 percent, up from 1,228 in 2014 to 1,379 in 2015. Once all cases are finalized by the medical officials in Massachusetts, it is estimated that there will be an additional 63 to 85 deaths for 2014 and 118 to 179 deaths in 2015.

In Worcester County alone, home to the second largest city in New England, opiate-related deaths jumped from 163 in 2014 to 177 in 2015. Looking back at the last 16 years, we can see an even bigger increase. In 2000, there were 59 opiate-related overdose deaths in Worcester County, a small fraction of the 1,289 deaths in 2015.

Most of last year's victims were between the ages of 25 and 44, in the prime of their lives with so much to live for. Many left behind families heartbroken and devastated by these senseless deaths. These families included husbands, wives, children, and so many more who loved them and desperately wanted them to get the help that they needed and to be able to live.

The opiate epidemic is even harder to cope with for those who have seen young people lose their lives to addiction. In Shrewsbury, Massachusetts, one high school principal said that, in the 11 years he has been principal, he has known of 33 students who have been active heroin addicts and 7 of them died. And in a recent forum, he learned that there had been even more that he had not known about.

Part of the problem is the stigma associated with heroin use. I think a lot of us think we know what heroin use and addiction looks like, but the reality is it can take hold of anyone, including our neighbors, our friends, and even our own family members.

However, instead of giving in to despair, communities in Massachusetts and across the country are responding to the opiate epidemic with strength and with courage. They are helping to lead grassroots State and national coalitions to raise awareness and educate people about the crisis and provide resources to help those ensnared by the addiction.

The Central Massachusetts Opiate Task Force, chaired by Worcester County District Attorney Joe Early, is a great example of this. They are working to bring greater awareness of the problem to residents. Members of the task force attend many of the coalition forums and also go into schools to talk to students directly.

The opiate task force serving Franklin County and the North Quabbin Re-

gion in Massachusetts is another example. It is co-chaired by John Merrigan, Franklin County Register of Probate; Chris Donelan, the Franklin County Sheriff; and David Sullivan, the Northwestern District Attorney.

I am so thankful for these and other task forces and coalitions in Massachusetts and across the country for coming together quickly to address this public health crisis and for their tenacity in fighting for individuals and families struggling with addiction.

Just this week I had the opportunity to join community leaders at North Brookfield High School in central Massachusetts for an event with Chris Herren, a former constituent of mine from Fall River and a former Boston Celtics player who now travels in New England and across the country to speak about his own recovery from addiction and the need for young people to stay drug free.

I am also grateful to my fellow members of the Massachusetts congressional delegation for being strong partners in this fight. JOE KENNEDY is a member of the Energy and Commerce Committee and has been a leader on this issue. He is the lead Democratic sponsor of H.R. 4641. A number of amendments sponsored by Massachusetts Members were made in order last night, including several from KATHERINE CLARK, as well as amendments from SETH MOULTON, BILL KEATING, and STEPHEN LYNCH.

□ 1245

I also want to commend the leadership of the gentleman from New Hampshire (Ms. KUSTER). She has been out front on this issue for a long, long time, and we appreciate her leadership.

The simple truth is that we are not going to arrest our way out of this problem. Prevention and treatment must be at the heart of our approach to tackling this epidemic. As part of the comprehensive approach called for, we must equip our young people with the skills necessary to identify constructive ways to deal with problems so that turning to drugs is never an option.

We must make every effort to ensure that treatment is available to those who seek it because it takes courage and strength to admit that you need help. I am pleased that this legislation that we are considering this week would do just that.

Mr. Speaker, I strongly support the legislation this rule makes in order, H.R. 5046. The Comprehensive Opioid Abuse Reduction Act would establish the Comprehensive Opioid Abuse Grant Program. With \$103 million provided annually over 5 years, this program would help provide vital assistance to States and local agencies to fund treatment alternatives to incarceration, opioid abuse prevention, training, and education.

The program's grants could be used to train first responders in carrying and administering opioid overdose reversal drugs, support prescription drug

monitoring programs, strengthen collaborations between criminal justice agencies and substance abuse systems, or for programs targeted toward juvenile opioid abuse programs.

This legislation, I think, is a commonsense, bipartisan step that goes a long way toward providing the critical help that Americans across this country need to combat our opioid epidemic.

I also support H.R. 4641, a bill that would provide for the establishment of an interagency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes. Creating this task force is another key step to help strengthen our national response to the opioid crisis and increase interagency collaboration as we marshal all our resources in this fight.

I want to thank my colleagues on both sides of the aisle who worked very hard to bring this additional bipartisan legislation to the floor this week so we could begin to tackle this opioid crisis. These bills take important steps to cut the risk of opioid addiction among veterans managing chronic pain, take on international drug traffickers, improve the treatment and care of babies who are born addicted to opioids, help reduce opioid use among young people, and strengthen access to opioid overdose reversal medication.

There are many issues that Democrats and Republicans do not see eye to eye on, but I am pleased that both parties seem to be coming together, at least on this first step, to tackle the opioid crisis. For families and communities across the country who have already lost so much and so many to this epidemic, there has never been a more important time for us to take action.

I want to thank the leaders of both parties for helping to bring these bipartisan bills to the House floor. I do believe that we can end the opioid crisis once and for all.

But again, in conclusion—and I have to stress this—we need to provide the funding to our communities that are struggling to deal with this opioid and heroin crisis. This is an emergency. That is how you have to classify this and look at it. This is an emergency. People are dying. Without providing the additional resources needed, we will not be part of the solution.

The ideas that we have compiled today that will be debated this week are all good ideas, but they won't be real ideas unless they are funded. I worry that this Congress might not be up to the challenge. We have emergencies in Flint, Michigan, with the water crisis, and we have not done what we need to do to provide emergency funding to that community. We have a growing emergency with the Zika virus, and we can't get an emergency appropriations bill to the floor here today. I think that we need to understand that this crisis has risen to the level of an emergency. We need to do what is right. We need to not only

pass these bills, but we need to commit in a bipartisan way that we are going to provide the necessary funding. I hope we can do that.

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

Mr. COLLINS of Georgia. Mr. Speaker, I am honored to yield 5 minutes to the gentleman from New Hampshire (Mr. GUINTA).

Mr. GUINTA. Mr. Speaker, I am proud to rise in support of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act, and H.R. 4641, which will establish an interagency task force to review, modify, and update best practices for pain management and prescription pain medication.

Overprescription of opioids is leading to addiction, shattering lives, and creating death around our country. In my home State of New Hampshire, deadly overdoses following the abuse of heroin and opioids claimed the lives of over 430 people last year alone. That is about 1 in every 3,000 people from my State falling victim to an epidemic, succumbing to a preventable problem. According to the CDC, overdose deaths have tripled over the last 10 years.

Desperate families, too long, are crying out for help. I commend my colleagues for rising to the occasion in this legislative response, tackling this issue in a bipartisan way, and making the proper commitment to fund an adequate response to help those who are in need.

These two pieces of legislation are designed to assist those battling the epidemic on the front lines, from law enforcement officers to underfunded recovery systems and personnel, and everyone in between. I am moved time and time again by the painful stories of the victims and courageous individuals coming to their aid, and I urge the House to offer its support in this struggle.

I was pleased that just last night the Committee on Rules accepted my amendment, allowing prevention and recovery programs to accept grant money authorized by the Comprehensive Opioid Abuse Reduction Act, and I urge my colleagues to support this amendment when it comes to the House floor tomorrow.

As the House response to the Senate-passed Comprehensive Addiction and Recovery Act, these bills are a joint step toward progress and safety. I am a proud sponsor of many of these bills coming to the floor this week, and I hope for their swift and timely passage as urgent relief for those who are suffering around our Nation.

We must provide a thorough and wide-ranging plan to meet the enormity of this terrible epidemic, which invades every corner of the United States, takes lives across traditional divides, and manifests itself in ways to which we are not accustomed.

My colleagues and I are committed to seeing the House of Representatives answer this challenge by passing the most vigorous and inclusive plan pos-

sible. I am confident we will do all that we can to pass this plan this week, go to conference with the Senate, and put a bill on the President's desk before June.

Our plan is urgently needed. Almost 130 people die every day from opioid overdoses. Eighty percent of the opioids prescribed worldwide are prescribed here in the United States. In my district and around the country, I hear from families and friends who know someone coping with substance use disorder.

We will only make a dent in this great challenge by listening to its victims. We need to listen to fathers like Doug Griffin of Newton, New Hampshire. His daughter Courtney fell victim to heroin abuse at 20 years old.

Doug remembers Courtney as a vivacious girl, funny, passionate, and charming. She loved music and s'mores and told Doug she planned to become a marine, a beautiful young woman prepared to sacrifice for her country in one of its greatest and most honorable services. That was Courtney.

But 3 years later, she was lost on the streets, overwhelmed by the sorrow and confusion this epidemic instills, moving from rehab facility to rehab facility. Prescription pills, fentanyl, and street heroin ensnared Courtney in a fatal web of addiction, and she lost the will to live. Courtney was a 20-year-old girl—20 years old—a neighbor, a friend, a daughter. How can we begin to comprehend the depth of that kind of tragedy?

Because Courtney's pain was so great and because she had so few options for treatment, Doug says he and his family hid the truth from the outside world. To help others, they are speaking out now; and by speaking out and listening, we start to understand this tragedy. Doug is courageously telling everyone he knows the warning signs of heroin abuse and the deficiencies in our public response. Millions of Americans share Courtney's story and Doug's anguish. It is only by speaking out and sharing grief that we will remove the stigma preventing far too many from seeking help.

This week, during Heroin and Opioid Abuse Awareness Week, we have an opportunity to hear, learn, share, and fight back. We can hear the stories of grieving and resolute families, the stories of resilient victims. We can learn of the intensity of their experiences and glean from them the lessons we need to fight back. We can share their lessons and bring them to bear in our discourse and through our legislation, and we can start to turn the tide.

As the House considers this vital legislation, I encourage my colleagues to listen to their constituents, hear their stories, share their struggles, and help them fight back.

Mr. MCGOVERN. I yield myself such time as I may consume.

Mr. Speaker, again, I think that every Member of this House should support the underlying legislation.

There will be some good amendments offered. Unfortunately, there were a lot of good amendments that were not made in order by the Committee on Rules last night. There will be some suspensions that will come to the floor that I think deserve our support. And I am anxious to go to conference with the Senate, anxious to put a bill on the President's desk.

I don't want to spoil this bipartisan moment, but none of this means anything if we don't fund it. These aren't appropriations bills that we are dealing with. I know my colleagues on the other side of the aisle said, well, we will deal with that in the appropriations process. Well, because of the dysfunction of this place, we are not going to deal with the appropriations bills in any real way until after the election. I don't think we can wait. I think we need an emergency supplemental appropriations bill to deal right now with this crisis that has already claimed so many lives.

Let's all come together and pass these authorizing bills, but we need to do more than that. The President has requested \$1.1 billion, I think, to try to help provide resources to communities to deal with this crisis. We haven't funded that. So bills that set up grant programs that we all support, initiatives that we all think are important, that is good; but if the money is not there to actually fund these and implement these programs, then we are not doing our job. I would just argue that we have waited too long. It is an emergency. We ought to do this, and we ought to have an emergency supplemental appropriations bill on the floor immediately and get relief to our communities today.

Mr. Speaker, I support all these measures that the House will consider this week; however, as I said, they can't be the final word. We have to approve additional funding to develop a comprehensive response to this epidemic, which is an emergency. I am going to ask my colleagues to defeat the previous question. If we defeat the previous question, I will offer an amendment to the rule to bring up legislation that provides \$600 million in funding to address the opioid epidemic.

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

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

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from New Hampshire (Ms. KUSTER), a leader on this issue, to discuss our proposal.

Ms. KUSTER. Mr. Speaker, I thank all my colleagues for the bipartisan work that is happening this week.

I am proud to be a co-chair with the gentleman from New Hampshire (Mr. GUINTA) of the Bipartisan Taskforce to

Combat the Heroin Epidemic, Members of Congress from all across the country coming together to address this crisis.

I rise, however, to oppose the rule and, as Mr. MCGOVERN has said, we intend to move the previous question. I am bringing to the House floor a Democratic substitute opioids package to include \$600 million in critical funding to address this opioid epidemic.

We have an emergency. People are dying, as Mr. GUINTA said—in my own State, our State of New Hampshire, over 420 people in 1 year. We have a better chance in New Hampshire of dying from an opioid epidemic death from fentanyl, from heroin, from drugs off the street, than we do of dying in a car accident. This is an emergency, and it is a crisis.

My substitute bill will provide vital funding for all of the bills that we are discussing, for bills that will provide the grants the Committee on the Judiciary has brought forth in H.R. 5046, introduced by Mr. SENSENBRENNER, for law enforcement, for drug courts.

I have just this week been to the graduation of a drug court. We can turn lives around, but we need funding for drug courts to spread all across our country, for the good work that my colleagues, the gentlewoman from Indiana (Mrs. BROOKS) and the gentleman from Massachusetts (Mr. KENNEDY), put into the Energy and Commerce bill, H.R. 4641, to create the task force.

Mr. GUINTA and I had an original bill, the STOP ABUSE Act, that created a task force, and we are so pleased that that task force will move forward. We need to bring together the experts to determine why now, what is happening in our society that opioid overdoses are leading people, leading this addiction, this substance use disorder that is a disease, leading people to go from prescribed medication from their physician into heroin off the streets and, in our State, is now being laced with fentanyl, which is a lethal combination.

□ 1300

The substitute will provide a total of \$600 million in vital new resources to address this epidemic, and my understanding is that we have not included this funding in these underlying bills. We want to support the underlying bills, but it is critical to have the funding.

New Hampshire has now gone from number 24 in the Nation in deaths per population to number 3, seemingly overnight. I have traveled around my district bringing together stakeholders, law enforcement, treatment providers, long-term recovery, which is a critical aspect of this, physicians, hospitals, police, everyone to the table. In Keene, in Nashua, in Concord, in the north country of our State, we now have mayors' committees. We have the Governor having a major summit this week. Here is the answer: we have solutions.

I serve on the Committee on Veterans' Affairs, and I was so proud to

bring to one of our congressional task force hearings Dr. Julie Franklin from the VA in White River Junction, Vermont, who is doing critical front-line research with people, veterans who are experiencing chronic pain. This is lifelong pain. She has worked with them with acupuncture, with mental health treatment, with physical therapy, with all different kinds of wellness and yoga, and she has decreased the use of opiate medication by 50 percent. We can do this, but we need funding.

I urge you to vote "no" on the rule. I ask my colleagues to please support the substitute package that will include a critical \$600 million in funding.

Mr. COLLINS of Georgia. Mr. Speaker, I yield 2 minutes to the gentleman from Augusta, Georgia (Mr. ALLEN), my good friend and someone who has spent a great deal of time looking into these issues. I appreciate his willingness to come speak on it today.

Mr. ALLEN. Mr. Speaker, I thank the gentleman from Georgia for yielding to me to speak on this important threat to our country, our State, and our communities.

Our Founders made a promise of life, liberty, and the pursuit of happiness. In America today, in every State, in too many families, there is a palpable undercurrent of pain, loss, and suffering that is caused by this horrendous opioid crisis.

Sadly, nearly one in five Americans knows someone who has been addicted to opioids. Nearly every 12 minutes, someone in the U.S. dies of a drug overdose; every 25 minutes, a baby is born suffering from opioid withdrawal.

A recent CDC study found that, in 2009, more Americans died from prescription drugs than motor vehicle accidents, marking the first time drug-related deaths have outnumbered motor vehicle-related deaths since 1979, when the government started tracking drug-related deaths.

Unfortunately, my home State of Georgia is not immune to this growing epidemic. According to the Georgia Bureau of Investigation, in 2012, prescription drugs played a role in 592 deaths in 152 of the 159 counties in Georgia for which it performs autopsies.

These heartbreaking numbers are far too high and tragic. We must take action to combat this crisis so that those addicted and their loved ones may start the road to healing. This week my colleagues and I in the House of Representatives are bringing opioid addiction out of the shadows to stop this devastating crisis.

I am proud of the tireless work of my colleagues in the Judiciary Committee, the Energy and Commerce Committee, and the Education and the Workforce Committee, on which I serve, to prevent, treat, and streamline access to care for those addicted to opioids.

My colleagues and I have worked to advance bipartisan solutions that address this crisis, from helping newborns who are born into addiction to creating an interagency task force to update

best practices for prescribing opioid painkillers.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. ALLEN. This is only the start of our work in the United States Congress on this important subject. The road to recovery will be long and hard fought, but the American spirit is as strong as ever and will prevail.

Together we will help our brothers and sisters in Christ become whole again. The very soul of this country is at stake. I am pleased the people's House is taking proactive steps to fight this epidemic.

I urge my colleagues to support the rule and support the numerous bills coming before the House this week.

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

Mr. Speaker, I think we all agree that this is a crisis and that we need to come up with solutions and we need to do something rather than just talk about it.

I support—and I think I speak for the Democrats—and we all support the bipartisan legislation that is being brought to the floor, not only the bills that are going to be considered under this rule, but many of the suspension bills that will be brought to the floor this week. I expect that they will be passed nearly unanimously.

But I think what I do have a problem with is the fact that we have funded none of these things. I have a problem with the fact that some are content to wait until the appropriations process kind of works its way through this House, which, as we all know, is not going to be probably until December.

We have already been informed that we will probably deal with an omnibus package sometime after the election. Because there is infighting within the Republican ranks here in the House in trying to come to an agreement before the election, it is just too difficult. I regret that very, very much because I don't think that we can wait until December before we actually fund some of these priorities that are in this bill.

The reason why I hope my colleagues will support the Democratic substitute is because it actually funds. It is an appropriation. It funds these priorities. It puts our money where our rhetoric is. It makes the money available now, and we know it is there and communities will know that they can depend on it.

So I think we really want to be effective in our battle against this scourge of opioids and heroin addiction that has touched every district in this country.

We have all been to too many funerals. We have all seen the heartbreak up close and personal. But if we want to do something about it, we have to not only come up with the ideas, we have to fund these ideas.

That is why I am urging that Members vote "no" on the previous ques-

tion. It is so that we can bring a funding component to this. Let's not wait until December. This is an emergency. We should have had an emergency supplemental bill. That is not coming.

So this is a chance to put some money behind these priorities and actually fund all these great ideas that we all, in a bipartisan way, say we support.

I urge my colleagues to support all the underlying bills, but to vote "no" on the previous question so we can bring this appropriations bill up to actually fund them. So I urge my colleagues to vote "no" on the previous question and to also vote "no" on the rule.

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

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

Mr. Speaker, as you have heard—and we have spent the last almost 40 minutes talking about it—the opioid epidemic is out of control, but we have the opportunity today to start addressing that problem in a meaningful way.

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

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

For that reason, I urge my colleague to support the rule and both H.R. 5046 and H.R. 4641.

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

AN AMENDMENT TO H. RES. 720 OFFERED BY  
MR. MCGOVERN

At the end of the resolution, add the following new sections:

SEC. 3. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5189) to address the opioid abuse crisis. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided among and controlled by the respective chairs and ranking minority members of the Committees on Energy and Commerce and the Judiciary. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 4. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 5189.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

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

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

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

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

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

and I move the previous question on the resolution.

The SPEAKER pro tempore (Mr. POE of Texas). The question is on ordering the previous question.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—yeas 215, nays 173, not voting 45, as follows:

[Roll No. 182]

YEAS—215

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

NAYS—173

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

NOT VOTING—45

Barr	Jenkins (WV)
Bera	Joyce
Bishop (UT)	Kelly (PA)
Black	LaMalfa
Brady (TX)	Langevin
Cartwright	Larson (CT)
Castor (FL)	Latta
Costa	Luján, Ben Ray
Fattah	(NM)
Fincher	Meehan
Gosar	Price, Tom
Grijalva	Reichert
Hastings	Renacci
Heck (NV)	Rice (SC)
Herrera Beutler	Rigell
Huelskamp	Rogers (AL)

□ 1328

Ms. LINDA T. SÁNCHEZ of California and Mr. BRADY of Pennsylvania changed their vote from “yea” to “nay.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated for:

Mr. KELLY of Pennsylvania. Mr. Speaker, on rollcall No. 182, I was at a hearing and not able to vote. Had I been present, I would have voted “yes.”

Mr. SMITH of Nebraska. Mr. Speaker, on rollcall No. 182, I was unavoidably detained. Had I been present, I would have voted “yea.”

Mr. MEEHAN. Mr. Speaker, on rollcall No. 182, I was unavoidably detained at a Ways and Means Committee Hearing. Had I been present, I would have voted “yes.”

Mr. BARR. Mr. Speaker, on rollcall No. 182, I was unavoidably detained. Had I been present, I would have voted “yes.”

Mr. RENACCI. Mr. Speaker, on rollcall No. 182, I was at a Ways and Means hearing and was not able to make it to the floor in time. Had I been present, I would have voted “yes.”

Mr. ROKITA. Mr. Speaker, on rollcall No. 182, I was unavoidably detained. Had I been present, I would have voted “yes.”

Ms. SLAUGHTER. Mr. Speaker, I was unavoidably detained and missed rollcall vote No. 182. Had I been present, I would have voted “nay.”

Stated against:

Mr. LANGEVIN. Mr. Speaker, on rollcall vote No. 182, I was unavoidably detained. Had I been present, I would have voted “no.”

Mr. BERA. Mr. Speaker, I was unavoidably detained for one rollcall vote Wednesday, May 11, 2016. Had I been present I would have voted “no” on rollcall No. 182.

Mr. SMITH of Washington. Mr. Speaker, today, Wednesday, May 11, 2016, I missed the first vote in a series of votes because I was at a medical appointment. Had I been present, I would have voted “no” on rollcall vote No. 182 (on ordering the previous question on H. Res. 720).

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

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

RECORDED VOTE

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

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 255, noes 163, not voting 15, as follows:

[Roll No. 183]

AYES—255

Abraham	Chabot	Ellison
Aderholt	Chaffetz	Ellmers (NC)
Allen	Clawson (FL)	Emmer (MN)
Amash	Coffman	Farenthold
Amodei	Cole	Fitzpatrick
Babin	Collins (GA)	Fleischmann
Barletta	Collins (NY)	Fleming
Barr	Comstock	Flores
Barton	Conaway	Forbes
Benishek	Cook	Fortenberry
Bilirakis	Cooper	Fox
Bishop (MI)	Costa	Franks (AZ)
Bishop (UT)	Costello (PA)	Frelinghuysen
Black	Cramer	Garrett
Blackburn	Crawford	Gibbs
Blum	Crenshaw	Gibson
Bost	Cuellar	Gohmert
Boustany	Culberson	Goodlatte
Brady (TX)	Curbelo (FL)	Gosar
Brat	Davis, Rodney	Gowdy
Bridenstine	Denham	Granger
Brooks (AL)	Dent	Graves (GA)
Brooks (IN)	DeSantis	Graves (LA)
Buchanan	DesJarlais	Graves (MO)
Buck	Diaz-Balart	Griffith
Bucshon	Dold	Grothman
Burgess	Donovan	Guinta
Byrne	Duckworth	Guthrie
Calvert	Duffy	Hanna
Carter (GA)	Duncan (SC)	Hardy
Carter (TX)	Duncan (TN)	Harper

Harris  
Hartzler  
Heck (NV)  
Hensarling  
Hice, Jody B.  
Higgins  
Hill  
Himes  
Holding  
Hudson  
Huelskamp  
Huizenga (MI)  
Hultgren  
Hunter  
Hurd (TX)  
Hurt (VA)  
Issa  
Jenkins (KS)  
Jenkins (WV)  
Johnson (OH)  
Johnson, Sam  
Jolly  
Jones  
Jordan  
Kaptur  
Katko  
Keating  
Kelly (MS)  
Kelly (PA)  
King (IA)  
King (NY)  
Kinzinger (IL)  
Kline  
Knight  
Labrador  
LaHood  
LaMalfa  
Lamborn  
Lance  
LoBiondo  
Long  
Loudermilk  
Love  
Lucas  
Luetkemeyer  
Lummis  
Lynch  
MacArthur  
Marchant  
Marino  
Massie  
McCarthy  
McCaul  
McClintock  
McHenry

McKinley  
McMorris  
Rogers  
McSally  
Meadows  
Meehan  
Messer  
Mica  
Miller (FL)  
Miller (MI)  
Moolenaar  
Mooney (WV)  
Moulton  
Mullin  
Mulvaney  
Murphy (FL)  
Murphy (PA)  
Neugebauer  
Newhouse  
Noem  
Nugent  
Nunes  
Olson  
Palazzo  
Palmer  
Pascrell  
Paulsen  
Pearce  
Perry  
Pittenger  
Poe (TX)  
Poliquin  
Pompeo  
Posey  
Price, Tom  
Ratcliffe  
Reed  
Reichert  
Renacci  
Ribble  
Rice (SC)  
Rigell  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rohrabacher  
Rokita  
Rooney (FL)  
Ros-Lehtinen  
Roskam  
Ross  
Rothfus  
Rouzer  
Royce

Ruppersberger  
Russell  
Salmon  
Sanford  
Scalise  
Schiff  
Schweikert  
Scott, Austin  
Sensenbrenner  
Sessions  
Shimkus  
Shuster  
Simpson  
Sinema  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Stefanik  
Stewart  
Stivers  
Stutzman  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Trott  
Turner  
Upton  
Valadao  
Wagner  
Walberg  
Walden  
Walker  
Walorski  
Walters, Mimi  
Walz  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westerman  
Westmoreland  
Williams  
Wilson (SC)  
Womack  
Woodall  
Yoder  
Yoho  
Young (AK)  
Young (IA)  
Young (IN)  
Zeldin  
Zinke

Quigley  
Rangel  
Rice (NY)  
Richmond  
Roybal-Allard  
Ruiz  
Rush  
Ryan (OH)  
Scott, Austin  
Sanchez, Linda  
T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schrader  
Scott (VA)

Scott, David  
Serrano  
Sewell (AL)  
Sherman  
Sires  
Slaughter  
Smith (WA)  
Speier  
Swailwell (CA)  
Takano  
Thompson (CA)  
Thompson (MS)  
Titus  
Tonko  
Torres

Tsongas  
Van Hollen  
Vargas  
Veasey  
Vela  
Velázquez  
Visclosky  
Wasserman  
Schultz  
Waters, Maxine  
Watson Coleman  
Welch  
Wilson (FL)  
Yarmuth

The Clerk read the title of the bill.  
The CHAIR. Pursuant to the rule, the bill is considered read the first time.  
The gentlewoman from Indiana (Mrs. BROOKS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.  
The Chair recognizes the gentlewoman from Indiana.  
Mrs. BROOKS of Indiana. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this week we have and will continue to hear harrowing and personal stories on the House floor about how opioid addiction is devastating local communities and families across the country. Just last night, my colleagues shared some of their stories. The gentleman from Pennsylvania (Mr. MEEHAN) shared a story about a promising collegiate athlete whose star was extinguished when a minor injury led to an addiction and his eventual overdose and death. Ms. KUSTER from New Hampshire told of a constituent named Amber who tragically died of an overdose after a treatment bed was unavailable for her after leaving incarceration.

We are going to hear many more stories today about this epidemic that has touched every community in every State of our country, an epidemic that has exploded in recent years to the point where every 12 minutes someone is dying of a drug overdose in this country. By the end of this debate, there may be over five people who have died of an overdose.

The Energy and Commerce Committee has meticulously investigated this epidemic over the past year with multiple hearings and expert witnesses. The result is a thoughtful package of solutions focused on prevention and treatment that will help those facing addictions and their families deal with this opioid and, subsequently, heroin crisis. The statistics couldn't be more stark.  
The United States only represents 5 percent of the world's population, yet we consume 80 percent of the world's pain medication. Yet 80 percent of heroin users started with a prescription to legal pain medication. Nearly 260 million opioid prescriptions were written in the United States in 2012, outpacing the number of American adults by 20 million.  
As we debate this crisis, this is not just about statistics, because we are actually talking about husbands, wives, brothers, sisters, parents, and, sadly, our children. A parent who has inspired me is a woman named Justin Phillips from Indianapolis, a Hoosier mom who lost her son, Aaron, to a heroin overdose at the age of 20.  
Out of her heartbreak, she found a calling to keep local and national attention on the issue of heroin and opioid abuse, she said, "until the dying stops." She became a leading voice for families facing addiction in Indiana, and she founded Overdose Lifeline, a nonprofit organization devoted to purchasing those lifesaving drugs, those

NOES—163  
Adams  
Aguilar  
Ashford  
Bass  
Beatty  
Becerra  
Bera  
Beyer  
Bishop (GA)  
Blumenauer  
Bonamici  
Boyle, Brendan  
F.  
Brady (PA)  
Brown (FL)  
Brownley (CA)  
Bustos  
Butterfield  
Capuano  
Cárdenas  
Carney  
Carson (IN)  
Castro (TX)  
Chu, Judy  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Cleaver  
Clyburn  
Cohen  
Connolly  
Conyers  
Courtney  
Crowley  
Cummings  
Davis (CA)  
Davis, Danny  
DeFazio  
DeGette  
Delaney  
DeLauro

DelBene  
DeSaulnier  
Deutch  
Dingell  
Doggett  
Doyle, Michael  
F.  
Edwards  
Engel  
Eshoo  
Lowenthal  
Esty  
Farr  
Foster  
Frankel (FL)  
Fudge  
Gabbard  
Gallego  
Garamendi  
Graham  
Grayson  
Green, Al  
Green, Gene  
Gutiérrez  
Hahn  
Heck (WA)  
Honda  
Hoyer  
Huffman  
Israel  
Jackson Lee  
Jeffries  
Johnson (GA)  
Johnson, E. B.  
Kelly (IL)  
Kennedy  
Kildee  
Kilmer  
Kind  
Kirkpatrick  
Kuster  
Langevin  
Larsen (WA)

#### ESTABLISHING PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

##### GENERAL LEAVE

Mrs. BROOKS of Indiana. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill, H.R. 4641.

The SPEAKER pro tempore (Mr. RODNEY DAVIS of Illinois). Is there objection to the request of the gentlewoman from Indiana?

There was no objection.  
The SPEAKER pro tempore. Pursuant to House Resolution 720 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 4641.

The Chair appoints the gentleman from Texas (Mr. POE) to preside over the Committee of the Whole.

□ 1340

##### IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 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, with Mr. POE of Texas in the chair.