

We need to pray for his family, and we also need to take a look at our society and make a decision that we should respect, admire, and support those who defend us.

Our prayers go out to Officer Thompson's family.

MOURNING THE LOSS OF LIFE IN DALLAS

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

Mr. KILDEE. Mr. Speaker, my heart breaks, as do the hearts of my colleagues, over the terrible tragedy that took place last night and for the victims of the horrific violence that we have seen in the last few days and weeks.

We are better than this. We can do better than this. In this body, we must do better than this.

MOTION TO GO TO CONFERENCE ON S. 2943, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2017

Mr. THORNBERRY. Mr. Speaker, pursuant to House Resolution 809, I offer a motion.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. Thornberry moves that the House take from the Speaker's table the bill S. 2943, with the House amendment thereto, insist on the House amendment, and request a conference with the Senate thereon.

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

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

This is a motion to request a conference on S. 2943, the National Defense Authorization Act. This is a procedural motion, which will allow the House and the Senate to conference our differences. The House passed its bill on May 18, by a vote of 277–147. The Senate subsequently passed its bill.

I hope that the House will support this motion and allow us to proceed to conference.

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

The previous question was ordered.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas.

The motion was agreed to.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. Conferees on S. 2943 will be appointed at a later time.

CONFERENCE REPORT ON S. 524, COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

Mr. UPTON. Mr. Speaker, pursuant to House Resolution 809, I call up the

conference report on the bill (S. 524) to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 809, the conference report is considered read.

(For conference report and statement, see proceedings of the House of July 6, 2016, at page H4392.)

The SPEAKER pro tempore. The gentleman from Michigan (Mr. UPTON) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. UPTON. 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 conference report to accompany S. 524.

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

There was no objection.

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

The simple truth is that we are in the midst of a real epidemic. Nearly every 12 minutes, someone in America dies of a drug overdose. The CDC reports over a quarter billion opioid prescriptions were written in the year 2012. The abuse of prescription painkillers and heroin has impacted, virtually, every single community. It is an epidemic that has no boundaries and does not discriminate. In my State of Michigan, we are seeing 10 times as many deaths today as there were 15 years ago. Sadly, the number continues to surge; but behind every statistic is a person who was loved, part of a family and community, and, yes, who was lost too soon.

□ 1045

It is a frightening reality, but we have to face this epidemic head on, and today's vote is an important step forward. Since the beginning of this process, our focus has been, and continues to be, on attacking this public health crisis from every side, from zeroing in on treatment for addiction and overdoses to reforming prescription practices in the delivery of medicines and working with law enforcement of the Department of Veterans Affairs.

Specifically, this conference report addresses prevention care by requiring HHS to create an interagency task force to address chronic and pain management care and by reauthorizing NASPER, a piece of legislation the House has passed with very large bipartisan support.

The conference report addresses treatment by ensuring opioid reversal medication is accessible to patients, their family members and, yes, first responders as well. These medications are key to stopping the overdose epi-

demic and getting these patients into proper treatment to become productive members of our society.

The conference report also ensures proper oversight and accountability by including the majority leader's OPEN Act.

The conference report, as a whole, touches on the spectrum of issues driving the opioid crisis. While there is no one solution, we are making progress in addressing a problem that has rapidly grown.

So I want to thank all my colleagues—certainly on the Energy and Commerce Committee that I chair and those off—for working to advance these important bipartisan bills that will make a real difference in our communities.

I am also proud that our final package has achieved the support of over 200 of the Nation's leading advocacy groups, groups from across the country that are focused on recovery. These advocates are on the front lines in this epidemic and truly appreciate the positive impact that our solutions will have in every community.

There is an urgency to our work as drug overdose deaths surge in Michigan and beyond. We owe this effort to the past, present, and, sadly, future victims of the opioid epidemic; our neighbors, friends, family across every part of the family in every demographic group. So let's come together and get the job done. What we are doing will save lives.

I reserve the balance of my time.

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

After much thought, I have decided to support the conference report on S. 524. It is not perfect and does not nearly do enough from a funding perspective, but it makes some important steps that would allow us to begin to address the opioid addiction crisis that is impacting our Nation.

The American people are desperate for relief from the opioid epidemic currently devastating our country, and they are depending on this Congress to act. By now, we have all heard the stories: young people taken from their families in their prime; babies born suffering from the cruel effects of opioid withdrawal; and parents who have lost the ability to care for their families as they battle their addiction.

To treat this epidemic as anything less than a national crisis would be a terrible mistake. And even though we have already lost far too many lives to overdoses, we still have an opportunity to save many more.

This conference report includes many important policies that have bipartisan agreement. For example, we will now allow patients and doctors to choose to partially fill their opioids so that excess medicines are not dispensed unnecessarily. This will reduce the number of unused pills in circulation, which will reduce the risk of misuse, diversion, and overdose.

The conference report also allows nurse practitioners and physician assistants to treat individuals with

opioid use disorders with buprenorphine.

This final report also includes important and proven programs to address prevention, treatment, and recovery; but just changing policies alone won't be enough. This legislation takes only a small step at a time when the American people need us to run.

Mr. Speaker, how can we truly help the American people without giving them the resources to fight this epidemic?

We cannot wait while lives continue to be destroyed by opiate addiction and while treatment options remain out of reach.

Congressional Democrats, Mr. Speaker, have long advocated for more funding in this package and have even proposed bipartisan policies to offset the cost, but Republicans have stubbornly refused to commit essential funding as part of this overall bill. Time and again they have rejected efforts to make a real difference by going beyond the important policy changes in this bill and actually supporting significant funding to properly take on this growing national epidemic today. Instead, Republicans have committed to increasing funding through the appropriations process, and we will certainly make sure that they live up to the repeated promises they have made in this regard.

I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of this conference report to S. 524. This conference report is one of the proudest moments I have had as an elected Member of this body. I believe there are numerous challenges that our community healthcare providers face, and this bill helps them address those challenges.

As a lifelong pharmacist, I believe the key first steps to address this opioid epidemic is education, improvement of treatment, and a reliance on State PDMP programs. This bill does all of that.

Many of my colleagues have opposed this conference report and this bill because it does not authorize enough money or it doesn't provide every provision they want. There are things that I would have changed in this bill, but we have all had an opportunity to amend these provisions, and this has created a bipartisan, bicameral piece of legislation. Overall, this should not be the end of this conversation, but this bill is a good bill and addresses many of the problems Americans face with opioid addiction.

I would like to commend leadership from both Chambers on this bill, and I encourage all of my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I rise in support of the Comprehensive Addiction

and Recovery Act. There is no question that we have an opiate epidemic sweeping our communities throughout Wisconsin and the rest of the Nation.

I spent the better part of the last year holding listening sessions back home in my congressional district in western and north central Wisconsin, getting feedback from law enforcement, healthcare providers, treatment centers, and families that have been impacted by drug addiction and the opioid addiction to ensure that this legislation that we have pending before us today doesn't get too far out ahead of what they actually need.

There are a lot of good policy changes in this bill, but one thing that is lacking that the gentleman also pointed out is the resource aspect of this. They do need tools. They do need additional resources.

I am hoping that later in the year, whether it is through a continuing resolution or the funding of these operations, that we can find in a bipartisan way the increase of necessary resources for folks back home so that they can get out ahead of this curve and do an adequate job of turning the trend line away.

I am also supportive because the legislation before us contains the Jason Simcakoski PROMISE Act. Jason Simcakoski was a veteran who died at the Tomah VA Medical Center a couple of years ago due to an opioid drug overdose. We have, in this legislation, a continuation of reforms that are being implemented to ensure that all of our veterans, whether in Wisconsin or throughout the Nation, are getting the care and the treatment they need; that we continue down the road of revamping the pain management practices at places like Tomah. I am confident that with the provisions in here, if we do this the right way, that Tomah and the VA system could be a model of proper pain management practices not just within the VA system, but throughout the entire healthcare system.

There is no question we haven't done a good job of managing pain as a nation. That is true of whether it is in the VA. It is true whether it is in the private health sector. This legislation before us today gives us an opportunity to continue down that road and do a much better job.

The Jason Simcakoski Act, for instance, will call for clinical practice guidelines to be instituted throughout the entire VA system. It enhances pain management education and training for our healthcare providers. It improves realtime tracking and access to data on opioid usage. It also expands opiate safety initiatives throughout all the VA centers.

It expands the patient advocacy program, which is particularly important because I think the families are the first line of defense when it comes to the care and treatment of all our veterans. They know what is working and what isn't. They need greater input and better lines of communication to

help affect the course of treatment that is impacting the veterans in their life.

It also calls on the VA to explore more complimentary and alternative forms of medicine to deal with pain management so we are not just loading our veterans up with a cocktail of prescription drugs, which oftentimes lead to addiction which can lead to meth and heroin usage.

I also think that this legislation gives us an opportunity to establish that strong partnership that needs to exist at the Federal, State, and local level, including private entities, so we can do a better job on the opioid addiction problem throughout our Nation.

This is an all-hands-on-deck moment. As a former special prosecutor who had to deal in the criminal system with a lot of it, our response cannot just be a criminal justice response. It has to be a public health response or we lose this battle going into it.

I think this legislation does provide crucial tools to help us make that pivot, but we also need the crucial resources; and that is something that we are going to have to address as this year progresses.

I encourage my colleagues to support this legislation. I appreciate the hard work that the committees and those involved have put into this legislation. But it will be a work in progress, and we have to continue to listen to the folks on the ground back home to ensure that they are getting the help and support that they need.

Mr. UPTON. Mr. Speaker, I yield 5 minutes to the gentleman from Virginia (Mr. GOODLATTE), chairman of the House Judiciary Committee.

Mr. GOODLATTE. Mr. Speaker, I appreciate Chairman UPTON's leadership and partnership throughout this important effort.

Today is a proud day in our Nation's history. Today the House will complete its work on a comprehensive legislative package to combat the terrible epidemic of opioid abuse, which is ravaging our country.

We have all heard the grim statistics. 129 people die every day from drug overdose. That is more than 47,000 a year. These people are our neighbors, friends, and loved ones. They come from all walks of life and all communities. They need our help. Today, the House is answering the call.

The conference report we are considering today represents a truly comprehensive response to the opioid epidemic. It includes provisions from 18 bills passed by the House in May and addresses all facets of the epidemic. It permits the government to make grants for purposes of prevention, treatment and recovery, overdose reversal through the use of FDA-approved and appropriately labeled drugs and devices, and law enforcement and investigative purposes.

Significantly, the conference report preserves the provisions of the Judiciary Committee's flagship bill, H.R.

5046, which passed this House in May by an overwhelming 413-5 vote. This historic legislation, which was sponsored by Crime Subcommittee Chairman JIM SENSENBRENNER, creates a comprehensive Justice Department grant program to help States fight opioid addiction. It authorizes \$103 million annually over 5 years for the grant program. It directs precious taxpayer dollars responsibly by leveraging and streamlining existing programs, and it is fully offsetting the legislation in compliance with the House's CutGo proposal.

The conference report authorizes this funding for a wide variety of anti-opioid activities, including drug courts which have proven to be highly successful and which I support. In fact, it is my expectation, Mr. Speaker, that drug courts will continue to receive funding levels in future years similar to current funding levels.

In addition to H.R. 5046, this conference report contains provisions from three other Judiciary Committee bills, including H.R. 5052, the OPEN Act, which increases the transparency and accountability of the comprehensive opioid abuse grant program in H.R. 5046; H.R. 4985, the Kingpin Designation Improvement Act, which protects classified information from disclosure when a drug kingpin challenges his designation as such in a Federal court; and H.R. 5048, the Good Samaritan Assessment Act, which requires the GAO to study State and local Good Samaritan laws that protect caregivers, law enforcement personnel, and first responders who administer opioid overdose reversal drugs or devices from criminal or civil liability, as well as those who contact emergency service providers in response to an overdose.

In addition, the Judiciary Committee moved as part of this package S. 32, the Transnational Drug Trafficking Act. That legislation, which has already been signed into law, improves law enforcement's ability to pursue international drug manufacturers, brokers, and distributors in source nations. Federal prosecutors can now use the important tools in that bill to pursue foreign drug traffickers who are poisoning American citizens.

Along with the excellent legislation prepared by our sister committees, spearheaded by Chairmen UPTON, MILLER, and KLINE, these bills make substantial policy changes within the Federal agencies responsible for fighting addiction. They take real steps to address the opioid epidemic and provide real relief for a real problem affecting real Americans. Members of this body should be proud of these accomplishments.

□ 1100

I would like to stress, Mr. Speaker, that opposition to this conference report on the basis of funding is wrong and misguided. As I stated, this legislation authorizes \$103 million just for Justice Department programs.

Under the leadership of Chairmen ROGERS, CULBERSON, COLE, CRENSHAW, and DENT, the House Committee on Appropriations has responded admirably to this epidemic by allocating hundreds of millions of dollars in funding for these programs. The CJS appropriations bill contains \$103 million in funding for the DOJ program. The Labor/HHS bill, released Wednesday, contains \$581 million to address opioid and heroin abuse, which is above even the President's budget request. The Financial Services and General Government bill has funded High Intensity Drug Trafficking Areas and Drug-Free Communities Support Programs at record highs. Nobody can come to this floor and credibly claim that the House is not putting its money where its mouth is.

I thank my colleagues for their support and hard work. Yesterday we received a letter signed by 233 addiction stakeholder groups, endorsing the conference report to S. 524. I urge everyone to support this conference report.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), our Democratic leader.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding. I thank him for his excellent work in bringing this bipartisan legislation to the floor. With all due respect to Mr. GOODLATTE, I credibly come to the floor to say that this bill does not provide the funding that we need to address the opioid crisis in our country.

I thank Mr. UPTON again. I know this is his last year as chairman of the committee. I thank him for his openness, his willingness to work in a bipartisan way, and I do think that this is a good piece of legislation. It is lacking one thing: the resources to get the job done.

I also come to the floor as an appropriator, and to hear Mr. GOODLATTE say what is coming out of here and coming out of there, in our subcommittee on Labor/HHS, we call it the lamb-eat-lamb committee because there was no good place to take money from. We had carefully and economically husbanded the resources in such a way, when we did budget agreements, to use the money very well for its purposes: the investments in education and health, et cetera.

So when an emergency comes along like the opioid epidemic, like Zika, like Flint, these are emergencies, and by tradition, this House has always declared emergencies—whether a natural disaster or otherwise—to say that funding would not be lamb-eat-lamb within the appropriations process and take funds from very needed initiatives that Congress had agreed to in our own authorizations otherwise.

So it had been my intention for us to come to the floor to oppose this bill to be able to sustain a Presidential veto until there would be resources. But in the spirit of this day, we come to the floor instead to say let's move the

process along, but let's also say that there are other issues, like opioids, and Zika, and Flint that we really have to address in the near term.

The opioid epidemic, as it has been said by the distinguished chairman and ranking member and others, is such an important challenge to the well-being of our country. While you may say Flint is in Michigan and Zika is down south, the fact is they affect all of us. But opioids are right there in all of our communities, and all of the Members of Congress immediately see the need for the authorization but also for the funding.

The opioid conference report includes many important authorizing provisions in a bipartisan way, but it does not include the new funds that are essential to saving lives from opioids.

Around a dozen law enforcement people were at the White House yesterday talking about the opioid epidemic. Many people outside of the Congress support the principles in this bill. But do you know that some of those law enforcement officials are having separate fundraisers of their own in order to help people address their opioid challenge?

We are just not living up to our responsibility in a timely fashion. Within the next week, hopefully, we will leave with some additional funding. The President has asked for \$1.1 billion to address the problem. The distinguished chairman of the Committee on the Judiciary says that the appropriators are putting more than that in certain cases in opioids; but if they are taking it out of other priorities, other investments in the health and well-being and the security of the American people, we are doing this at the expense of other good investments.

We will not stop fighting until America's families have the prevention, treatment, and recovery resources they need to overcome the opioid epidemic, and that is why for today, although the votes are there to sustain a Presidential veto, we don't encourage that.

We encourage our cooperation today with the hope and the promise that Mr. ROGERS, whom we all respect—I served with him on Appropriations—and Mrs. LOWEY can come to terms in a way that does not have the opioid epidemic funded at the expense of other investments important to the American people. It is a priority. It is an emergency. In other cases we have had emergency spending for just that.

When we do budget agreements, as we did last year—very difficult staying under the caps and the rest—it was not with the idea that there would be a \$1.1 billion need for opioids or \$1.9 billion need for Zika funding or there wouldn't be hundreds of millions of dollars for Flint. These are extraordinary emergencies. They should be treated that way.

Nonetheless, I congratulate Mr. UPTON and Mr. PALLONE and all who had a role in putting this legislation together. I hope that it is just a first

step that in the very, very near future we will have money to match the values that are contained in this legislation.

Mr. UPTON. Mr. Speaker, may I inquire as to how much time is remaining on both sides?

The SPEAKER pro tempore. The gentleman from Michigan has 21 minutes remaining. The gentleman from New Jersey has 22½ minutes remaining.

Mr. UPTON. Mr. Speaker, I yield an additional 1 minute to the gentleman from Virginia (Mr. GOODLATTE) the chairman of the Committee on the Judiciary, a partner in this effort from day one.

Mr. GOODLATTE. Mr. Speaker, I would briefly like to discuss with my friend and partner in this effort, the chairman of the Committee on Energy and Commerce, how the conference report encourages innovation by allowing alternative therapies to qualify for funding while also requiring evaluation and reporting on the effectiveness of all authorized programs.

In my district, some nonprofit organizations are using animal-assisted psychotherapy to successfully address mental health and personal development needs, including for veterans, and animals have also helped prison inmates achieve life-changing developments.

It is my understanding that these and other alternative therapies are eligible for funding under the grant programs contained in the conference report. And I would ask the gentleman from Michigan: Is that your understanding as well?

Mr. UPTON. Will the gentleman yield?

Mr. GOODLATTE. I yield to the gentleman from Michigan.

Mr. UPTON. Absolutely is the answer, yes. Section 601, the State demonstration grants for comprehensive opioid abuse response, is designed to allow States the flexibility to do what is right and aid in establishing a comprehensive response. Under this grant, we emphasize prevention and treatment, but those are not the only two ways to address the opioid epidemic. Recovery, like the good work that Chairman GOODLATTE cited in his district, as it is in mine, is equally as important.

We need a comprehensive response to the crisis that should leave no stone unturned in our quest for helping those in need. I want to thank the chairman for his help in that effort, and I absolutely agree with his reading of the bill.

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

Mr. Speaker, my Republican colleagues argue that we will pass this authorization bill today, and then sometime down the line we will provide funding through the regular appropriations process. But the problem is that that response does not match the urgency of the crisis.

To understand why, let's just take a quick look at the 2016 appropriations

process. While the fiscal year 2016 began on October 1, 2015, the omnibus fiscal year 2016 appropriations act did not become law until December 18, 2015. If, as expected, the fiscal year 2017 process is similar, it will be at least 6 months before we can provide funding through the fiscal year 2017 appropriations process; and that is 6 months in which more people will die from potentially preventable overdose deaths and more individuals and families in need of treatment options will be unable to access them.

There is also no guarantee that additional funds will be made available through the appropriations process. The fiscal austerity policies of my Republican colleagues also make this option untenable. Due to the sequestration caps demanded by the Republicans, an increase in spending for one program can only occur with the cutting of funding for another program.

While the Republicans will say they introduced a Labor/HHS bill with \$500 million in funding for a comprehensive State grant program for substance abuse treatment, what they don't say is that to provide that funding, we will have to agree to cut funding for other critical programs. The Republican Labor/HHS appropriations bill proposes eliminating funding for ObamaCare, title X family planning services, education programs, and employment training and development programs.

Not only are these cuts objectionable, we don't have to make such choices. We have bipartisan pay-fors available to offset the direct appropriations of funding now, and we cannot afford to wait. So this is truly an urgent crisis, and we should treat it as such by providing critical funding immediately. Failure to act will unacceptably lead to more deaths, and our communities cannot afford to wait any longer.

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

Mr. UPTON. Mr. Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. LANCE), a fellow conferee and member of the Committee on Energy and Commerce.

Mr. LANCE. Mr. Speaker, I rise today in strong support of this conference report. It is a great step forward in the fight against the scourge of drug addiction. I was proud to serve on the conference committee that crafted this package, and I thank Chairman UPTON and Chairman GRASSLEY for their tremendous leadership on the issue.

This measure includes language that I authored with my Democratic colleague, Congressman SEAN PATRICK MALONEY of the Hudson Valley in New York State, that targets opioid addiction's strong ties to prescription drug abuse and the issue of overprescription. It is one part of a comprehensive plan that will make serious progress on this challenge that strains law enforcement and taxpayer resources and cuts too many lives tragically short.

This package comes the same week we secured passage of a landmark overhaul of our Nation's mental health care system. These are major priorities of the American people, and this is how Congress should work, gaining ideas and insight from the constituencies across the Nation and working together in a bipartisan fashion to address the important issues confronting the United States.

On this very sad day, given the horrific events in Dallas last night, we are reminded that a great many issues face our country. I hope the spirit of cooperation that secured this week's productivity will guide us on the other challenges we face as a nation. I want to work on what unites us in the United States and on the priorities of all Americans. This conference report is one of those priorities, and I urge a "yes" vote.

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

Mr. Speaker, as I said before, this conference report does include important and proven programs to address prevention, treatment, and recovery with regard to opioid abuse, and I did want to mention a few.

There is authorization to create a grant program for eligible entities to promote the prescribing of opioid reversal drugs, naloxone, in conjunction with opiates for patients at an elevated risk of overdose.

There is a program to reauthorize SAMHSA grants for the funding of residential treatment programs for pregnant and postpartum women with substance use disorders.

There is a demonstration grant program to States to streamline State requirements and procedures in order to assist veterans who have completed military emergency medical technician training to meet requirements for becoming an emergency medical technician in the State.

There is also a State grant program to increase the implementation of standing orders for opioid overdose reversal medication, again, naloxone.

As I have said before, there are a number of very important programs here that authorize grants to States to deal with the prevention, treatment, and recovery from opioids. But, again, these programs will not be effective without some significant funding provided pursuant to those authorizations. So I want to stress, again, as Democrats, we support this bill because it does have authorization for many programs that will help with opioid addiction, but we need to hold the Republicans' feet to the fire to make sure that this funding is actually provided.

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

□ 1115

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MEEHAN), a fellow conferee and a member of the Ways and Means Committee.

Mr. MEEHAN. I thank the chairman for his leadership on this important bill.

Mr. Speaker, the statistics are staggering. We are losing 120 a people a day to opioid abuse.

Earlier this year, southeastern Pennsylvania lost an accomplished young man, John Decker, who succumbed to his battle with addiction. As a teenager, John injured his knee playing basketball. His physician prescribed opioids to manage the pain after surgery. John became addicted to the painkillers and moved on to using heroin.

I introduced the John Thomas Decker Act with the goal of preventing injured youth and adolescent athletes from getting addicted to opioids and turning to heroin. But I use John's name because it is not about statistics; it is to demonstrate that we are talking about real people and struggling families here.

The legislation, which is included in section 104 of the conference report, directs the United States Department of Health and Human Services to study what information and resources are available to youth athletes and their families regarding the dangers of opioid use and abuse, nonopioid treatment options, and how to seek addiction treatment. The Department must report its findings and work with stakeholders to disseminate resources to students, parents, and those involved in treating sports injuries, and that is how this can work together with things that are already happening in the community.

I want to acknowledge what is going on in communities all across the country.

Just last week, I visited Adapt Pharma, a constituent company, in Radnor, Pennsylvania. The company makes a Narcan nasal spray and is providing the antidote to high schools. Adapt Pharma and the National Association of School Nurses are working together to ensure that educational materials are available to students and their families about prescription drug abuse as well as treatment and recovery options that will work perfectly in tandem with this particular section.

So, whether you are young athletes, pregnant mothers, struggling veterans, or suffering families, so many are going to be helped.

I urge my colleagues to stand with the families who have suffered the effects of addiction and support the conference report.

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the gentleman from Michigan (Mr. CONYERS), the dean of the House and the ranking member of the Judiciary Committee.

Mr. CONYERS. Mr. Speaker, the crisis of opioid abuse and addiction clearly requires our immediate attention. I believe that that is now happening.

I am grateful for the tireless work of my colleagues on the Judiciary Committee. I thank Chairman GOODLATTE;

Crime, Terrorism, Homeland Security, and Investigations Subcommittee chairman, JIM SENSENBRENNER; Crime Terrorism, Homeland Security, and Investigations Subcommittee ranking member, SHEILA JACKSON LEE; and their staffs. And I also congratulate Congresswoman SUZAN DELBENE, who worked so hard to ensure this bill would find promising approaches to opioid abuse that were pioneered in her district. Finally, I wish to thank the ranking member, FRANK PALLONE of the Energy and Commerce Committee, and his staff for their assistance and coordination in this effort.

Our work has focused on the need to address an urgent crisis. In my State of Michigan, there were 1,745 drug overdoses in the year 2014, and more than half of those overdose deaths were caused by opioids and heroin. Each day, 78 Americans die from an opioid overdose.

Fortunately, we now have a better way of addressing issues of addiction, and we know that incarceration is not the answer. For instance, the Judiciary Committee's Crime, Terrorism, Homeland Security, and Investigations Subcommittee held a hearing last year that examined, among other things, the promising use of the Law Enforcement Assisted Diversion approach employed in cities such as Seattle, Washington, and Santa Fe, New Mexico.

We know that there are effective ways to get addicts to treatment and to quickly provide them with needed services that address their addiction and prevent recidivism, and we know that evidence-based treatment and alternatives to incarceration work.

Title II of this bill reflects much of this approach in the grant program, as reported by the Judiciary Committee and passed by the House in May of this year. While I have supported this effort, I have also supported alternative approaches that provide separate grant programs for many of these worthy purposes.

Regardless of which approach we take, we must do more than simply authorize funding. We must provide real dollars that are urgently needed by those fighting this crisis, and I am disappointed that this bill does not do this.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from the great State of Michigan (Mr. TROTT), a fellow conferee.

Mr. TROTT. Mr. Speaker, I am proud to support the conference report that we are considering today. And as my colleague, Mr. CONYERS, just mentioned, 1,745 individuals died of a drug overdose in Michigan in 2014, and 449 of those individuals were in my home district in Oakland and Wayne Counties. So a disproportionate number of people were affected.

As has been mentioned, this bill contains some good solutions toward fighting this epidemic: a comprehensive grant program, changes to existing law, and some new programs to help

end the tragedies. Some have suggested, however, that our response is inadequate or too small of a step to fight this problem. I disagree.

Let me say to those people who are listening, particularly those who have suffered from addiction or lost a loved one through the tragedy of an overdose, that Republicans and Democrats and the President recognize this epidemic. We are united in our commitment to defeat the abuse and tragedy. We in Congress will revisit our programs and solutions and the money we are spending to make sure that they are making a difference, and we will revisit the solutions and make sure that adequate resources are in place so we can end the terrible drug abuse and heroin overdoses that are affecting our communities.

I thank the gentleman for the opportunity to serve on the conference committee.

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

Mr. Speaker, I want to stress that President Obama recently announced additional actions to expand access to treatment, strengthen prescription drug monitoring, enable safe disposal of unneeded drugs, and accelerate research on pain and opioid misuse and overdose. The President, I think, has made it clear that addressing this epidemic is a priority for his administration.

While Federal agencies have been using their authority to take every available action they can, Congress needs to provide additional funding to make lifesaving treatment available to everyone who needs it. The President has called for \$1.1 billion in new funding to help Americans who want treatment wherever they live. Every day that passes without congressional action to provide these additional resources is a missed opportunity to get treatment to those who want it, help prevent overdoses, and support communities across the country impacted by this epidemic.

Recovery from opioid and other substance use disorders is possible, and many Americans are able to recover because they get the treatment and care they need. But too many still are not able to get treatment. That is why the President has called on Congress to provide the resources needed to ensure that every American with an opioid use disorder who wants treatment can get it and start on the road to recovery.

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

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), also a conferee and a member of the Energy and Commerce Committee.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of the Comprehensive Addiction and Recovery Act. We all have experienced the opioid epidemic in some way, whether it is through family, friends, or heartbreaking stories from constituents back home.

Opioid addiction is prevalent in our veteran community, and I am proud many of my provisions to help our heroes were included in this legislation. I want to thank the chairman for including those provisions in this particular conference report.

My bills, the PROMISE Act and COVER Act, will update the clinical practice guidelines used to treat our servicemembers for pain management and provide a pathway forward to implement complementary and integrative health alternatives within the VA.

With this bill, we can help our struggling heroes and others battling addiction across the Nation. I urge my colleagues to support this important piece of legislation.

Mr. PALLONE. Mr. Speaker, may I inquire as to the time remaining on each side.

The SPEAKER pro tempore. The gentleman from New Jersey has 14 minutes remaining. The gentleman from Michigan has 14½ minutes remaining.

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

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), my partner in terms of a contiguous border and also a conferee.

Mrs. WALORSKI. Mr. Speaker, I rise today in strong support of S. 524, the Comprehensive Addiction and Recovery Act. This vital bill will help address the prescription drug epidemic we have seen plague our communities for so long.

Dozens of Americans die each day from prescription drug overdoses. This has to stop. It is time for us to come together as a nation to tackle the issue that has infected every fabric of our society.

I am very honored to have served on this conference committee for the bill, and I am thankful it is being considered today by the House.

As a member of the House Veterans' Affairs Committee, I have seen the opioid epidemic's effects on our Nation's veterans. Veterans are more vulnerable to chronic pain, more susceptible to addiction, but some VA facilities still overprescribe these powerful drugs. I have seen the problem firsthand with veterans coming into my office, often carrying a large box or bag of pills.

In my home State of Indiana, the DEA raided the VA Medical Center in Marion after noticing the volume of narcotics and opioids purchased by the facility.

For too long, the VA has relied too heavily on opioids to treat chronic pain. This bill addresses that by requiring the VA and the DOD to focus on improving their prescribing practices. It includes my piece of legislation requiring the VA to report to State Prescription Drug Monitoring Programs, which are important and effective tools for stopping overprescription. It also allows the VA to consider nonopioid treatments for veterans with chronic pain.

Mr. Speaker, there is a long battle ahead of us—we have got a long way to go, and a lot of damage has been done—but this bill represents an important step forward as we seek to stop overprescription and opioid addiction in our country.

I urge my colleagues to support this bill.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Mrs. MIMI WALTERS).

Mrs. MIMI WALTERS of California. Mr. Speaker, across the United States, we are faced with a substance abuse epidemic that results in overdose, addiction, and far too many deaths.

From opioids to heroin, no community—not even Orange County, the place that I have called home for over 50 years—is immune. Last year, the number of deaths in Orange County caused by drug overdose rose to 400, the highest level in at least a decade. More than two-thirds of these untimely deaths involved opioids. Nationwide, nearly 130 people die every single day from drug abuse.

Though this is a nationwide epidemic, there is not a one-size-fits-all cure to addiction. That is why this legislation is so important. I thank all of my colleagues who have worked so intently on these lifesaving policies.

I urge my colleagues to join me in supporting this measure so that we can send it to the President's desk. As soon as this law is implemented, it will save lives and help Americans suffering from addiction reclaim their lives.

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

I just want to again point out that the effort here is not only bipartisan, but we are also working with the administration to try to address this epidemic. And one of the things that we were trying to do with the legislation, but it became unnecessary because of the President's executive action, was with regard to bup.

□ 1130

This is a painkiller, if you will, that is used as an alternative to the addictive painkillers that cause the opiate problem. And until recently, under the law, a physician could only have up to 100 patients to whom he was administering bup, but now, in the last week or so, the President announced that that cap has been lifted to 275.

Now, in the legislation, we do expand the types of providers who can treat opioid dependence using bup, but, at the same time, it was necessary, I believe, to raise that cap because there is a waiting list—a rather extensive waiting list—for people who would like to take advantage of bup. So I just wanted to say that that is one of the most important things that actually was done by the President.

And it is very important for us to work together not only in terms of what we authorize, but also providing the funding for many of these programs, both what we are now author-

izing pursuant to grants in this legislation, as well as what the administration is doing through agency action.

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

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I commend the chairman, the ranking member, the conferees, on this work that they have accomplished.

The opioid and heroin epidemic has hit western Pennsylvania hard. Nothing brings this crisis into sharper focus than when you are speaking with a parent who has lost a child, or a family member watching a loved one go through revolving doors of treatment and still be slipping away.

This conference report has been a bipartisan, all-hands-on-deck effort reflective of the collaboration we see happening at the grassroots of our communities. I am pleased to see the conference report include the provision my colleague from across the aisle, Congressman KEATING, and I championed in the House legislation to establish coprescribing guidelines for overdose antidotes such as naloxone.

I am also pleased with how this legislation gives the proper focus to our veterans. This conference report is a necessary step in moving forward to address this crisis. Let us continue to work together to combat this deadly scourge. I urge its passage.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume to close.

Again, Mr. Speaker, I will say that, after thoughtful consideration, I not only support the conference report, but I would urge my colleagues on the Democratic side to support the conference report.

While I continue to believe that we cannot turn the tide on this epidemic without dedicated additional resources for States, the underlying policies included in this bill are important steps forward.

As you know, Democratic conferees, along with the Democratic leadership, have worked tirelessly these past few weeks to try to include money for States to help treat our communities who are suffering. Republicans still, so far, refuse to commit the essential funding as part of this overall bill, but they have committed to increasing funding through the appropriations process, and I will continue to fight to ensure that they stand by that commitment.

The American people are desperate for relief. We must answer their call and continue our efforts in Washington, and one way to do that, certainly, is to pass this conference report.

I yield back the balance of my time.

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

Mr. Speaker, first I want to thank my friend and partner, Mr. PALLONE. We moved a majority of these bills

through the committee on a bipartisan basis. We had those votes here on the floor, a very strong vote as the process moved.

Mr. Speaker, this bill is about treatment. It is about prevention. It is about recovery, helping law enforcement, particularly with our drug courts, and it adds new resources to help communities suffering from this terrible opioid epidemic.

The Comprehensive Addiction and Recovery Act represents the most serious and comprehensive effort ever undertaken by this body to tackle the problem. CARA is a bipartisan blend of the best ideas from the House and the Senate. These bills passed with a combined 494 votes in the House and the Senate and, coupled with the great work led just this week by the House Appropriations Committee to add \$581 million to help fund and prioritize these programs, it shows that we are tackling the problem head-on.

Now, this is an authorization bill, not an appropriation bill. That is why, coupled with the appropriators, I think that we will get the job done. As I have said, at the end of the day, the money will be there.

So those on the front lines fighting the opioid epidemic deserve a strong vote in the people's House. I would urge my colleagues to vote "yes."

Mr. Speaker, I yield 30 seconds to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, I thank the gentleman for yielding.

I just want to add my voice and thank Mr. UPTON, as the chair of the conference, and Mr. PALLONE, and all of the conferees, for what I thought was a significant historical moment.

We have passed legislation, as a member of the Judiciary Committee, with no mandatory minimums. Our CARA bill speaks about grants, helping people overcome their addiction, but more importantly, helping communities. My community alone is suffering from something called Kush. That is not heroin, but all of these issues have to be confronted as a health epidemic.

I thank the gentleman for accepting my amendment dealing with other drugs, about dealing with a public health epidemic, and I ask for support of the conference report.

Mr. Speaker, I rise to discuss the conference report for S. 524, the Comprehensive Addiction and Recovery Act.

The conference report is the product of a long process of consultation and hard work between Congress and experts and advocates representing a wide range of interests—including victims, addiction treatment specialists, and law enforcement.

In many respects, this bill is a compromise—but it does reflect advances in our approach to substance addiction issues.

As a Member of the Bipartisan Task Force to Combat the Heroin Epidemic I have worked with my colleagues to come together with a comprehensive legislative package to address this national epidemic.

I was an original cosponsor of the lead legislative measure and primary contribution of the House Judiciary Committee, H.R. 5046, the Comprehensive Opioid Abuse Reduction Act, and I was a cosponsor of the predecessor bill, which is substantially similar to the Senate-passed version of S. 524.

The text of H.R. 5046 is largely incorporated into the conference report, and would establish a grant program, to be administered by the Department of Justice, to assist states and local governments, particularly by helping criminal justice agencies to tackle the opioid problem from a variety of angles.

It would encourage the development of alternatives to incarceration that provide treatment as a solution to the underlying motivation for criminal behavior or conduct associated with mental disorders.

Combined with other treatment programs under the jurisdiction of other Committees, the approach Congress is taking with the crisis of heroin and other opioids is thoughtful and comprehensive.

I hope it signals a departure from some of the failed approaches concerning other drug crises in the past.

For instance, our response to the surge in crack cocaine in the 1980s was to enact draconian mandatory minimum penalties with vastly disparate treatment for crack and powder cocaine.

At that time, Congress took action that we are still trying to rectify.

At one point, more than 80 percent of the defendants sentenced for crack offenses were African American, despite the fact that more than 66 percent of crack users are white or Hispanic.

As we work on other legislation to address the enforcement and sentencing disparities related to the crack issue, we must re-examine our approach to that and other drug issues.

I am grateful for the assistance of my colleague, BOB GOODLATTE, the Chairman of the Judiciary Committee, for working with me to include in this bill my amendment to express the sense of the Congress that an effective and fiscally responsible approach to addressing substance abuse epidemics—no matter which drug is involved—requires treating such epidemics as a public health emergencies emphasizing prevention, treatment, and recovery.

Provided in Section 708 of the Report, the Sense of Congress Regarding Treatment of Substance Abuse Epidemics expresses that decades of experience and research have demonstrated that a fiscally responsible approach to addressing the opioid abuse epidemic and other substance abuse epidemics requires treating such epidemics as a public health emergency emphasizing prevention, treatment and recovery.

Indeed, we must adopt a public health approach with regard to substance abuse issues going forward.

And I am heartened that, in this bill, we are not raising sentences or impacting mandatory minimums that add to mass incarceration, but we are supporting proven anti-addiction mechanisms.

However, the conference committee had the opportunity to do even more—as is necessary given the urgency of the current crisis—and provide real money, right now, to implement the programs the bill authorizes.

Unfortunately, this bill does not do that and our communities remain in dire need of re-

sources to save lives that are in immediate jeopardy.

That is the unfinished business of this effort and we must not rest until we have done all that we can in Congress to help protect our communities from opioid abuse.

In contrast to the way we are dealing with the opioid crisis is the ill-advised strict "law-enforcement" centered approach Congress took in addressing crack cocaine crisis in the 1980s that that we are still trying to rectify.

At one point, more than 80 percent of the defendants sentenced for crack offenses were African American, despite the fact that more than 66 percent of crack users are white or Hispanic.

While we are now engaged in a comprehensive "public health" approach centered on public health in addressing the crisis involving heroin and other opioids, we must not forget that there is unfinished work to be done to address the enforcement and sentencing disparities related to the crack cocaine.

We are not raising sentences or impacting mandatory minimums but we are funding anti-addiction mechanisms such as treatment alternatives to incarceration.

We are not adding to mass incarceration—with all of the related and devastating collateral consequences—but instead we are incentivizing state and local governments to prevent, treat, and heal.

That is what we should be doing, and that is what we should have done for crack and cocaine addicts.

But it is not too late—we should find a way, before this Congress adjourns sine die to apply this more comprehensive approach, including treatment alternatives, to those suffering from crack and cocaine addiction.

LEGISLATION SUPPORTED BY JACKSON LEE

1. Regarding bipartisan comprehensive legislation:

H.R. 953—Comprehensive Addiction and Recovery Act of 2015

Rep. SENSENBRENNER, F. JAMES, JR. [R-WI-5] (Introduced 2/12/15) 124 Cosponsors (84 Dems—including SJL, 40 Reps) *No Sentencing Enhancements or Penalties

H.R. 3719—"Stop the Overdose Problem Already Becoming a Universal Substance Epidemic Act of 2015" or the "STOP ABUSE Act of 2015"

Rep. GUINTA, FRANK C. [R-NH-1] (Introduced 10/08/2015) 8 Cosponsors (4 Dems, 4 Reps) *No Sentencing Enhancements or Penalties

H.R. 4697—Prevent Drug Addiction Act of 2016

Rep. ESTY, ELIZABETH H. [D-CT-5] (Introduced 03/03/2016) 2 Cosponsors (Reps) *No Sentencing Enhancements or Penalties

2. Legislation to improve pain management practices:

H.R. 4499—the "Promoting Responsible Opioid Prescribing Act of 2016" and as the "PROP Act of 2016"

Rep. MOONEY, ALEXANDER X. [R-WV-2] (Introduced 02/09/2016) 31 Cosponsors (18 Rep, 13 Dem) *No Sentencing Enhancements or Penalties

Mr. UPTON. Mr. Speaker, I appreciate the gentlewoman's words. I was very pleased to work with her on the successful amendment that we added in the conference as part of this agreement, and I look for its swift passage today.

I yield back the balance of my time.

Mr. VAN HOLLEN. Mr. Speaker, I rise in support of the conference report of S. 524, the Comprehensive Addiction and Recovery Act (CARA). Families devastated by opioid addiction deserve action, and this legislation will take some important steps to reduce the toll on our communities. None of our districts is immune to this epidemic that is causing so much death and heartache.

The conference report includes elements from both the bipartisan House and Senate versions of their respective opioid measures recently approved almost unanimously. It includes provisions that incorporate prevention tactics and expanded access to treatment, recovery support services, and overdose reversals. Additionally, the report encourages criminal justice agencies to integrate and sustain Medication-Assisted Treatment (MAT) programs.

Although this report includes vital and much needed measures, we cannot pretend that it will solve the problem. I am disappointed that this legislation does not include adequate funding to fully help us get ahead of this crisis.

During conference, my Democratic colleagues from both chambers offered amendments that would provide funding for the authorizations within the package. Unfortunately, they were turned down, so we must continue to fight for the resources necessary to meaningfully implement this package.

I request my colleagues to support this report and to continue to work on a bipartisan basis to provide the resources needed to save lives.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 809, the previous question is ordered.

The question is on the conference report.

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

Mr. UPTON. 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, this 15-minute vote on the adoption of the conference report will be followed by a 5-minute vote on the motion to permit closed conference meetings on S. 2943, if offered.

The vote was taken by electronic device, and there were—yeas 407, nays 5, not voting 21, as follows:

[Roll No. 399]

YEAS—407

Abraham	Bishop (UT)	Byrne
Adams	Black	Calvert
Aderholt	Blackburn	Capps
Aguilar	Blum	Capuano
Allen	Blumenauer	Cárdenas
Amodel	Bonamici	Carney
Ashford	Boustany	Carson (IN)
Babin	Boyle, Brendan	Carter (GA)
Barletta	F.	Carter (TX)
Barr	Brady (PA)	Castor (FL)
Barton	Brady (TX)	Castro (TX)
Bass	Bridenstine	Chabot
Beatty	Brooks (IN)	Chaffetz
Becerra	Brownley (CA)	Chu, Judy
Benishek	Buchanan	Cicilline
Bera	Buck	Clark (MA)
Beyer	Bucshon	Clarke (NY)
Bilirakis	Burgess	Clawson (FL)
Bishop (GA)	Bustos	Clay
Bishop (MI)	Butterfield	Cleaver

Clyburn	Herrera Beutler	Meng
Coffman	Hice, Jody B.	Messer
Cohen	Higgins	Mica
Cole	Hill	Miller (FL)
Collins (GA)	Himes	Miller (MI)
Collins (NY)	Hinojosa	Moolenaar
Comstock	Holding	Mooney (WV)
Conaway	Honda	Moore
Connolly	Hoyer	Moulton
Conyers	Hudson	Mullin
Cook	Huelskamp	Mulvaney
Cooper	Huffman	Murphy (FL)
Costa	Huizenga (MI)	Murphy (PA)
Costello (PA)	Hultgren	Napolitano
Courtney	Hunter	Neal
Cramer	Hurd (TX)	Neugebauer
Crawford	Israel	Newhouse
Crenshaw	Issa	Noem
Crowley	Jackson Lee	Nolan
Cuellar	Jeffries	Norcross
Culberson	Jenkins (KS)	Nunes
Curbelo (FL)	Jenkins (WV)	O'Rourke
Davidson	Johnson (GA)	Olson
Davis (CA)	Johnson (OH)	Palazzo
Davis, Danny	Johnson, E. B.	Pallone
Davis, Rodney	Johnson, Sam	Palmer
DeFazio	Jolly	Pascarell
DeGette	Jones	Paulsen
DeLauro	Jordan	Pearce
DeBene	Joyce	Pelosi
Denham	Kaptur	Perlmutter
Dent	Katko	Perry
DeSantis	Keating	Peters
DeSaulnier	Kelly (IL)	Peterson
DesJarlais	Kelly (MS)	Pingree
Deutch	Kelly (PA)	Pittenger
Diaz-Balart	Kennedy	Pitts
Dingell	Kildee	Pocan
Doggett	Kilmer	Poliquin
Dold	Kind	Polis
Donovan	King (IA)	Pompeo
Doyle, Michael	King (NY)	Posey
F.	Kinzing (IL)	Price (NC)
Duckworth	Kline	Price, Tom
Duffy	Knight	Quigley
Duncan (SC)	Kuster	Rangel
Duncan (TN)	Labrador	Ratcliffe
Edwards	LaHood	Reed
Ellison	LaMalfa	Reichert
Ellmers (NC)	Lamborn	Renacci
Emmer (MN)	Lance	Ribble
Engel	Langevin	Rice (NY)
Eshoo	Larsen (WA)	Rice (SC)
Esty	Larson (CT)	Richmond
Farenthold	Latta	Rigell
Farr	Lawrence	Roby
Fitzpatrick	Lee	Roe (TN)
Fleischmann	Levin	Rogers (KY)
Fleming	Lewis	Rohrabacher
Flores	Lieu, Ted	Rokita
Forbes	Lipinski	Rooney (FL)
Fortenberry	LoBiondo	Ros-Lehtinen
Foster	Loeback	Roskam
Fox	Lofgren	Ross
Frankel (FL)	Long	Rothfus
Franks (AZ)	Loudermillk	Rouzer
Frelinghuysen	Love	Roybal-Allard
Fudge	Lowenthal	Royce
Gabbard	Lowe	Ruiz
Gallego	Lucas	Ruppersberger
Garamendi	Luetkemeyer	Rush
Garrett	Lujan Grisham	Russell
Gibbs	(NM)	Ryan (OH)
Gibson	Luján, Ben Ray	Salmon
Goodlatte	(NM)	Sánchez, Linda
Gosar	Lummis	T.
Gowdy	Lynch	Sanchez, Loretta
Graham	MacArthur	Sarbanes
Granger	Maloney,	Scalise
	Carolyn	Schakowsky
Graves (GA)	Maloney, Sean	Schiff
Graves (LA)	Marchant	Schrader
Graves (MO)	Marino	Schweikert
Grayson	Matsui	Scott (VA)
Green, Al	McCarthy	Scott, Austin
Griffith	McCaul	Scott, David
Grijalva	McClintock	Sensenbrenner
Grothman	McCollum	Serrano
Guinta	McDermott	Sessions
Guthrie	McGovern	Sewell (AL)
Gutiérrez	McHenry	Sherman
Hahn	McKinley	Shimkus
Hardy	McMorris	Shuster
Harper	Rodgers	Simpson
Harris	McNerney	Sinema
Hartzler	McSally	Sires
Heck (NV)	Meadows	Slaughter
Heck (WA)	Meehan	Smith (MO)
Hensarling	Meeks	Smith (NE)

Smith (NJ)	Upton	Welch
Smith (TX)	Valadao	Wenstrup
Smith (WA)	Van Hollen	Westerman
Speier	Vargas	Westmoreland
Stefanik	Veasey	Whitfield
Stewart	Vela	Williams
Stivers	Velázquez	Wilson (FL)
Stutzman	Visclosky	Wilson (SC)
Swalwell (CA)	Wagner	Wittman
Takano	Walberg	Womack
Thompson (CA)	Walden	Woodall
Thompson (PA)	Walker	Yoder
Thornberry	Walorski	Yoho
Tiberi	Walters, Mimi	Young (AK)
Tipton	Walz	Young (IA)
Titus	Wasserman	Young (IN)
Tonko	Schultz	Zeldin
Torres	Watson Coleman	Zinke
Trott	Weber (TX)	
Tsongas	Webster (FL)	

NAYS—5

Amash	Gohmert	Sanford
Brooks (AL)	Massie	

NOT VOTING—21

Bost	Green, Gene	Poe (TX)
Brat	Hastings	Rogers (AL)
Brown (FL)	Hurt (VA)	Takai
Cartwright	Kirkpatrick	Thompson (MS)
Cummings	Nadler	Turner
Delaney	Nugent	Waters, Maxine
Fincher	Payne	Yarmuth

□ 1157

Mses. VELÁZQUEZ and MOORE changed their vote from “nay” to “yea.”

So the conference report was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. GENE GREEN of Texas. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 399.

Mr. BRAT. Mr. Speaker, on rollcall No. 399, I was unavoidably detained. Had I been present, I would have voted “yea.”

Mr. HURT of Virginia. Mr. Speaker, I was not present for rollcall vote No. 399 on agreeing to the Conference Report on S. 524, the Comprehensive Addiction and Recovery Act of 2016. Had I been present, I would have voted “yes.”

MOMENT OF SILENCE FOR THE VICTIMS OF THE DALLAS SHOOTING

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, let me thank my colleagues from Texas for joining me.

The calculated ambush and murders of the Dallas law enforcement officers during a peaceful protest in downtown Dallas last night was a disgraceful act of violence. It happened in my district. I live less than five blocks away.

My prayers and sympathy go out to the families of the officers slain and the victims of the shooting.

Our response going forward—not just in Dallas, but across our Nation—will be more important now than ever before.

My thoughts and prayers are also with the families of Alton Sterling and Philando Castile, who violently lost their lives this week as well.