of deceased members of the uniformed services in event of any period of lapsed appropriations.

S. 2436

At the request of Mr. DAINES, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 2436, a bill to amend the Internal Revenue Code of 1986 to limit the amount of certain qualified conservation contributions.

S. 2461

At the request of Mr. WICKER, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 2461, a bill to allow for judicial review of certain final rules relating to national emission standards for hazardous air pollutants for brick and structural clay products or for clay ceramics manufacturing before requiring compliance with the rules by existing sources.

S. 2506

At the request of Mr. INHOFE, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. 2506, a bill to establish an aviation maintenance workforce development pilot program.

S. 2591

At the request of Mr. BLUMENTHAL, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. 2591, a bill to amend title 9 of the United States Code with respect to arbitration.

S. 2600

At the request of Mr. PAUL, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 2600, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on indoor tanning services.

S. 2652

At the request of Mr. CASSIDY, the names of the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Maine (Mr. KING), the Senator from Tennessee (Mr. ALEXANDER), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Georgia (Mr. ISAKSON), the Senator from South Carolina (Mr. GRAHAM), the Senator from Montana (Mr. TESTER), the Senator from Maine (Ms. COLLINS), the Senator from Texas (Mr. CORNYN), the Senator from Alaska (Ms. MURKOWSKI), the Senator from Florida (Mr. NELSON), the Senator from Nevada (Ms. CORTEZ MASTO), the Senator from North Carolina (Mr. TILLIS) and the Senator from Alaska (Mr. SULLIVAN) were added as cosponsors of S. 2652, a bill to award a Congressional Gold Medal to Stephen Michael Gleason.

S. 2667

At the request of Mr. MCCONNELL, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 2667, a bill to amend the Agricultural Marketing Act of 1946 to provide for State and Tribal regulation of hemp production, and for other purposes.

S. 2680

At the request of Mr. ALEXANDER, the names of the Senator from Alaska (Ms. MURKOWSKI) and the Senator from Utah (Mr. HATCH) were added as cosponsors of S. 2680, a bill to address the opioid crisis.

At the request of Mrs. MURRAY, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 2680, supra.

S. 2688

At the request of Mr. CRUZ, the name of the Senator from Pennsylvania (Mr. TOOMEY) was added as a cosponsor of S. 2688, a bill to amend the Internal Revenue Code of 1986 to provide for the indexing of certain assets for purposes of determining gain or loss.

S. 2719

At the request of Mrs. SHAHEEN, the names of the Senator from Oklahoma (Mr. INHOFE) and the Senator from Pennsylvania (Mr. CASEY) were added as cosponsors of S. 2719, a bill to direct the Secretary of Veterans Affairs to establish a registry to ensure that members of the Armed Forces who may have been exposed to per- and polyfluoroalkyl substances on military installations receive information regarding such exposure, and for other purposes.

S. 2722

At the request of Ms. HARRIS, the name of the Senator from Nevada (Ms. CORTEZ MASTO) was added as a cosponsor of S. 2722, a bill to establish environmental justice as a consideration in the regulation of pesticides, and for other purposes.

S. RES. 168

At the request of Mr. CARDIN, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. Res. 168, a resolution supporting respect for human rights and encouraging inclusive governance in Ethiopia.

S. RES. 414

At the request of Mr. DURBIN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. Res. 414, a resolution condemning the continued undemocratic measures by the Government of Venezuela to undermine the independence of democratic institutions and calling for a free and fair electoral process.

S. RES. 459

At the request of Ms. HARRIS, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. Res. 459, a resolution recognizing ''Black Maternal Health Week'' to bring national attention to the maternal health care crisis in the Black community and the importance of reducing the rate of maternal mortality and morbidity among Black women.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN:

S. 2729. A bill to establish programs related to prevention of prescription opioid misuse, and for other purposes; to the Committee on Finance.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2729

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Addiction Prevention and Responsible Opioid Practices Act''.

SEC. 2. FEDERAL LICENSURE OF PHARMACEUTICAL REPRESENTATIVES WHO PROMOTE CERTAIN OPIOIDS.

Subchapter E of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is amended by adding at the end the following:

''SEC. 569D. FEDERAL LICENSURE OF PHARMACEUTICAL REPRESENTATIVES WHO PROMOTE CERTAIN OPIOIDS.

''(a) IN GENERAL.—The Secretary, in consultation with the Attorney General, shall establish a licensure program for pharmaceutical representatives described in subsection (b).

''(b) LICENSURE PROGRAM.—

''(1) REQUIREMENT.—Beginning on January 1, 2020, no individual described in paragraph (2) may engage in the marketing or promoting of opioid drugs unless such individual is licensed under this section.

''(2) INDIVIDUALS REQUIRED TO OBTAIN LICENSURE.—An individual required to obtain a license under this section is any individual who, on behalf of a drug manufacturer, engaged, on more than 15 days in a calendar year, in the marketing or promotion to health care professionals, including educational or sales communications, meetings or paid events, and the provision of goods, gifts, and samples, of any opioid drug (other than methadone) that is listed in schedule II of section 202(c) of the Controlled Substances Act.

''(3) LICENSURE PERIOD.—Each license issued under this section shall be valid for 3 years, and may be renewed for additional 3-year periods.

''(c) REQUIREMENTS.—An individual required to obtain a license under this section shall—

''(1) submit to the Secretary, at such time and in such manner as the Secretary may require—

''(A) such information as the Secretary may require; and

''(B) a registration fee in the amount of $3,000;

''(2) certify that such individual has completed training on ethics, pharmaceutical marketing regulations, the 'CDC Guidelines for Prescribing Opioids for Chronic Pain', published by the Centers for Disease Control and Prevention in 2016 (or any successor document) or the 'FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics', and applicable Federal laws pertaining to drug marketing, labeling, and clinical trials, as the Secretary may require;

''(3) certify that such individual will not engage in any illegal, fraudulent, misleading, or other deceptive marketing of schedule II opioid drugs; and

''(4) file with the Secretary annual reports disclosing the names of providers visited and any drug samples or gifts such individual gives any such provider.

''(d) MANUFACTURER REPORTING REQUIREMENTS.—The manufacturer who employs or contracts with any individual required to obtain a license under this section shall include in reports required under section 1128G

of the Social Security Act the name of each such licensed individual that provides payments or other transfers of value required to be reported under such section 1128G that relates to an opioid drug that is listed in schedule II of the Controlled Substances Act.''.

SEC. 3. WITHDRAWAL OF APPROVAL OF CERTAIN OPIOIDS.

(a) IN GENERAL.—Notwithstanding any other provision of law, any ultra-high-dose opioid shall be considered a drug that presents an imminent hazard to the public health within the meaning of section 505(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)), and the Secretary of Health and Human Services shall suspend the approval of such drug, in accordance with such section 505(e).

(b) DEFINITION.—In this section, the term ''ultra-high-dose opioid'' means an opioid drug for which the daily dosage provided for in the approved label exceeds the morphine milligram equivalents per day outlined in the report entitled ''CDC Guidelines for Prescribing Opioids for Chronic Pain'', published by the Centers for Disease Control and Prevention in 2016 (or any successor document).

SEC. 4. EXPANDING AVAILABILITY OF INFORMATION IN THE ARCOS DATABASE.

Section 307(d) of the Controlled Substances Act (21 U.S.C. 827(d)) is amended by adding at the end the following:

''(3) The Attorney General shall make available to the medical licensing board and board of pharmacy for each State the information in the Automation of Reports and Consolidated Orders System, or any subsequent automated system developed by the Attorney General to monitor the sale, delivery, and disposal of controlled substances within such State.''.

SEC. 5. CONTINUING MEDICAL EDUCATION AND PRESCRIPTION DRUG MONITORING PROGRAM REGISTRATION FOR PRESCRIBERS.

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

''(k)(1) The Attorney General shall not register, or renew the registration of, a practitioner under subsection (f) who is licensed under State law to prescribe controlled substances in schedule II, III, or IV, unless the practitioner submits to the Attorney General, for each such registration or renewal request, a written certification that—

''(A)(i) the practitioner has, during the 1-year period preceding the registration or renewal request, completed a training program described in paragraph (2); or

''(ii) the practitioner, during the applicable registration period, will not prescribe such controlled substances in amounts in excess of a 72-hour supply (for which no refill is available); and

''(B) the practitioner has registered with the prescription drug monitoring program of the State in which the practitioner practices, if the State has such program.

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

''(A) follows the best practices for pain management, as described in the 'Guideline for Prescribing Opioids for Chronic Pain' as published by the Centers for Disease Control and Prevention in 2016, or any successor thereto, or the 'FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics' as published by the Food and Drug Administration in 2017, or any successor thereto;

''(B) includes information on—

''(i) recommending non-opioid and non-pharmacological therapy;

''(ii) establishing treatment goals and evaluating patient risks;

''(iii) prescribing the lowest dose and fewest number of pills considered effective;

''(iv) addictive and overdose risks of opioids;

''(v) diagnosing and managing substance use disorders, including linking patients to evidence-based treatment;

''(vi) identifying narcotics-seeking behaviors; and

''(vii) using prescription drug monitoring programs; and

''(C) is approved by the Secretary of Health and Human Services.''.

SEC. 6. REPORT ON PRESCRIBER EDUCATION COURSES FOR MEDICAL AND DENTAL STUDENTS.

Each school of medicine, school of osteopathic medicine, and school of dentistry participating in a program under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070a et seq.), as a condition for such participation, shall submit an annual report to the Secretary of Education and the Secretary of Health and Human Services on any prescriber education courses focused specifically on pain management and responsible opioid prescribing practices that such school requires students to take, and whether such courses are consistent with the most recently published version of the ''Guideline for Prescribing Opioids for Chronic Pain'' of the Centers for Disease Control and Prevention or the ''FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics'', as published by the Food and Drug Administration in 2017. The Secretary of Education and the Secretary of Health and Human Services shall compile the reports submitted by such schools and submit an annual summary of such reports to Congress.

SEC. 7. REQUIREMENTS UNDER PRESCRIPTION DRUG MONITORING PROGRAMS.

(a) IN GENERAL.—Beginning 1 year after the date of enactment of this Act, each State that receives funding under any of the programs described in subsection (c) shall—

(1) require practitioners, or their designees, in the State to consult the database of the prescription drug monitoring program before writing prescriptions for controlled substances (as such term is defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) in schedule II, III, or IV under section 202 of such Act (21 U.S.C. 812);

(2) require dispensers of controlled substances in schedule II, III, or IV, or their designees, to input data into the database of the prescription drug monitoring program within 24 hours of filling a qualifying prescription, as required by the Attorney General and the Secretary of Health and Human Services, including patient identifier information, the national drug code of the dispensed drug, date of dispensing the drug, quantity and dosage of the drug dispensed, form of payment, Drug Enforcement Administration registration number of the practitioner, Drug Enforcement Administration registration number of the dispenser;

(3) allow practitioners and dispensers to designate other appropriate individuals to act as agents of such practitioners and dispensers for purposes of obtaining and inputing data from the database for purposes of complying with paragraphs (1) and (2), as applicable;

(4) provide informational materials for practitioners and dispensers to identify and refer patients with possible substance use disorders to professional treatment specialists;

(5) establish formal data sharing agreements to foster electronic connectivity with the prescription drug monitoring programs of each State (if such State has such a program) with which the State shares a border, to facilitate the exchange of information through an established technology architecture that ensures common data standards, privacy protection, and secure and streamlined information sharing;

(6) notwithstanding section 399O(f)(1)(B) of the Public Health Service Act (42 U.S.C. 280g–3(f)(1)(B)), authorize direct access to the State's database of the prescription drug monitoring program to all State law enforcement agencies, State boards responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons authorized to prescribe, administer, or dispense controlled substances; and

(7) in order to enhance accountability in prescribing and dispensing patterns, not fewer than 4 times per year, proactively provide informational reports on aggregate trends and individual outliers, based on information available through the State prescription drug monitoring program to—

(A) the State entities and persons described in paragraph (6); and

(B) the Medicaid agency and the department of public health of the State.

(b) TRANSPARENCY IN PRESCRIBING PRACTICES AND INTERVENTION FOR HIGH PRESCRIBERS.—

(1) STATE REPORTING REQUIREMENT.—Each State that receives funding under any of the programs described in subsection (c) shall, twice per year, submit to the Secretary of Health and Human Services and the Administrator of the Drug Enforcement Administration—

(A) a list of all practitioners and dispensers who, in the applicable reporting period, have prescribed or dispensed schedule II, III, or IV opioids in the State;

(B) the amount of schedule II, III, or IV opioids that were prescribed and dispensed by each individual practitioner and dispenser described in subparagraph (A); and

(C) any additional information that the Secretary and Administrator may require to support surveillance and evaluation of trends in prescribing or dispensing of schedule II, III, or IV opioids, or to identify possible nonmedical use and diversion of such substances.

(2) ANNUAL REPORT.—Not later than 1 year after the date of enactment of this Act, and annually thereafter, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, the Secretary of Defense, the Secretary of Veterans Affairs, and the Director of the Indian Health Service, shall submit to Congress, and make public, a report identifying outliers among the medical specialties and geographic areas with the highest rates of opioid prescribing in the Nation, by zip code.

(3) DEVELOPMENT OF ACTION PLAN.—

(A) INITIAL PLAN.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, the Secretary of Defense, the Secretary of Veterans Affairs, and the Director of the Indian Health Service, shall submit to Congress a plan of action, including warning letters and enforcement mechanisms, for addressing outliers in opioid prescribing practices and ensuring an adequate Federal response to protect the public health.

(B) UPDATED PLAN.—The Secretary of Health and Human Services shall submit to Congress updates to the plan of action described in subparagraph (A), as such Secretary, in consultation with the heads of agencies described in such subparagraph, determines appropriate.

(c) PROGRAMS DESCRIBED.—The programs described in this subsection are—

(1) the Harold Rogers Prescription Drug Monitoring Program established under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies

Appropriations Act, 2002 (Public Law 107–77; 115 Stat. 748);

(2) the controlled substance monitoring program under section 399O of the Public Health Service Act (42 U.S.C. 280g–3);

(3) the Prescription Drug Overdose: Prevention for States program of the Centers for Disease Control and Prevention;

(4) the Prescription Drug Overdose: Data-Driven Prevention Initiative of Centers for Disease Control and Prevention;

(5) the Enhanced State Opioid Overdose Surveillance program of the Centers for Disease Control and Prevention;

(6) the opioid grant program under section 1003 of the 21st Century Cures Act (Public Law 114–255); and

(7) the State Opioid Response Grant program described under the heading ''SUBSTANCE ABUSE TREATMENT'' under the heading ''SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION'' of title II of division H of the Consolidated Appropriations Act, 2018 (Public Law 115–141).

(d) DEFINITIONS.—In this section, the terms ''dispenser'' and ''practitioner'' have the meanings given such terms in section 102 of the Controlled Substances Act (21 U.S.C. 802).

SEC. 8. INTEROPERABILITY OF CERTIFIED HEALTH INFORMATION TECHNOLOGY.

Section 3001(c)(5) of the Public Health Service Act (42 U.S.C. 300jj–11(c)(5)) is amended by adding at the end the following:

''(F) INTEROPERABILITY.—Beginning on January 1, 2021, the National Coordinator shall not certify electronic health records as health information technology that is in compliance with applicable certification criteria under this paragraph unless such technology is interoperable with the prescription drug monitoring programs of each State that, at the time of the request for such certification, has such a program.''.

SEC. 9. STUDIES RELATED TO OVERDOSE DISCHARGE AND FOLLOW-UP POLICIES.

(a) STUDY.—Not later than January 1, 2021, the Secretary of Health and Human Services shall—

(1) conduct a study on the scope and circumstances of non-fatal opioid overdoses, the policies and procedures that States, health care systems, and first responders have implemented; and

(2) in partnership with stakeholder organizations with subject matter expertise, establish guidelines for hospital procedures following non-fatal opioid overdose and the administration of overdose reversal medication.

(b) STUDY AND DEVELOPMENT OF QUALITY MEASURES UNDER MEDICARE RELATED TO OPIOID ABUSE AND SUBSTANCE USE DISORDER.—Section 1890A(e) of the Social Security Act (42 U.S.C. 1395aaa–1(e)) is amended—

(1) by striking ''MEASURES.—The Administrator'' and inserting ''MEASURES.—

''(1) IN GENERAL.—The Administrator''; and

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

''(2) STUDY AND DEVELOPMENT OF QUALITY MEASURES RELATED TO OPIOID ABUSE AND SUBSTANCE USE DISORDER.—Beginning not later than 1 year after the date of enactment of this paragraph, the Administrator of the Center for Medicare and Medicaid Services shall study and through contracts develop, in coordination with appropriate subject matter organizations (such as the entity with a contract under section 1890), for use under this Act, quality measures related to standards of care for treating individuals with non-fatal opioid overdose, discharge procedures, and linkages to appropriate substance use disorder treatment and community support services.''.

SEC. 10. MEDICAID OPIOID DRUG MAPPING TOOL.

(a) IN GENERAL.—The Secretary of Health and Human Services shall create an interactive opioid drug mapping tool, which shall be made publicly available on the internet website of the Centers for Medicare & Medicaid Services, showing prescribing practices of providers that participate in State Medicaid programs and geographic comparisons, at the State, county, and ZIP code levels, of de-identified opioid prescription claims made under State Medicaid programs under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(b) COLLECTION OF DATA FROM STATES.—The Secretary of Health and Human Services may request from States such data as the Secretary determines necessary to create the opioid mapping tool described in subsection (a).

SEC. 11. NATIONAL ACADEMY OF MEDICINE STUDY.

(a) STUDY.—The Secretary of Health and Human Services shall enter into a contract with the National Academy of Medicine to carry out a study on the addition of coverage under the Medicare program under title XVIII of the Social Security Act of alternative treatment modalities (such as integrative medicine, including acupuncture and exercise therapy, neural stimulation, biofeedback, radiofrequency ablation, and trigger point injections) furnished to Medicare beneficiaries who suffer from acute or chronic lower back pain. Such study shall, pursuant to the contract under this paragraph, include an analysis of—

(1) scientific research on the short-term and long-term impact of the addition of such coverage on clinical efficacy for pain management of such beneficiaries;

(2) whether the lack of Medicare coverage for alternative treatment modalities impacts the volume of opioids prescribed for beneficiaries; and

(3) the cost to the Medicare program of the addition of such coverage to treat pain and mitigate the progression of chronic pain, as weighed against the cost of opioid use disorder, overdose, readmission, subsequent surgeries, and utilization and expenditures under parts B and D of such title.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, pursuant to the contract under subsection (a), the National Academy of Medicine shall submit to Congress a report on the study under subsection (a).

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary.

SEC. 12. EXCISE TAX ON OPIOID PAIN RELIEVERS.

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

''SEC. 4192. OPIOID PAIN RELIEVERS.

''(a) IN GENERAL.—There is hereby imposed on the manufacturer or producer of any taxable active opioid a tax equal to the amount determined under subsection (b).

''(b) AMOUNT DETERMINED.—The amount determined under this subsection with respect to a manufacturer or producer for a calendar year is 1 cent per milligram of taxable active opioid in the production or manufacturing quota determined for such manufacturer or producer for the calendar year under section 306 of the Controlled Substances Act (21 U.S.C. 826).

''(c) TAXABLE ACTIVE OPIOID.—For purposes of this section—

''(1) IN GENERAL.—The term 'taxable active opioid' means any controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802), as in effect on the date of the enactment of this section) manufactured in the United States which is opium, an opiate, or any derivative thereof.

''(2) EXCLUSIONS.—

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

''(B) DRUGS USED IN ADDICTION TREATMENT.—The term 'taxable active opioid' shall not include any controlled substance (as so defined) which is used exclusively for the treatment of opioid addiction as part of a medication-assisted treatment.''.

(b) CLERICAL AMENDMENTS.—

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

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

''SUBCHAPTER E. OTHER MEDICAL PRODUCTS''.

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

''Sec. 4192. Opioid pain relievers.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to calendar years beginning after the date of the enactment of this Act.

SEC. 13. OPIOID CONSUMER ABUSE REDUCTION PROGRAM.

(a) OPIOID TAKE-BACK PROGRAM.—Section 302 of the Controlled Substances Act (21 U.S.C. 822) is amended by adding at the end the following:

''(h)(1) The Attorney General shall establish a national take-back program for the safe and environmentally responsible disposal of controlled substances.

''(2) In establishing the take-back program required under paragraph (1), the Attorney General—

''(A) shall consult with the Secretary and the Administrator of the Environmental Protection Agency; and

''(B) may coordinate with States, law enforcement agencies, water resource management agencies, manufacturers, practitioners, pharmacists, public health entities, transportation and incineration service contractors, and other entities and individuals, as appropriate.

''(3) The take-back program established under paragraph (1)—

''(A) shall—

''(i) ensure appropriate geographic distribution so as to provide—

''(I) reasonably convenient and equitable access to permanent take-back locations, including not less than 1 disposal site for every 25,000 residents and not less than 1 physical disposal site per town, city, county, or other unit of local government, where possible; and

''(II) periodic collection events and mail-back programs, including public notice of such events and programs, as a supplement to the permanent take-back locations described in subclause (I), particularly in areas in which the provision of access to such locations at the level described in that subclause is not possible;

''(ii) establish a process for the accurate cataloguing and reporting of the quantities of controlled substances collected; and

''(iii) include a public awareness campaign and education of practitioners and pharmacists; and

''(B) may work in coordination with State and locally implemented public and private take-back programs.

''(4) From time to time, beginning in the second calendar year that begins after the date of enactment of this subsection, the

Secretary of the Treasury shall transfer from the general fund of the Treasury an amount equal to one-half of the total amount of taxes collected under section 4192 of the Internal Revenue Code of 1986 to the Attorney General to carry out this subsection. Amounts transferred under this subparagraph shall remain available until expended.''.

(b) FUNDING OF SUBSTANCE ABUSE PROGRAMS.—From time to time, beginning in the second calendar year that begins after the date of enactment of this Act, the Secretary of the Treasury shall transfer from the general fund of the Treasury an amount equal to one-half of the total amount of taxes collected under section 4192 of the Internal Revenue Code of 1986, as added by this Act, to the Director of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration for programs of the Center, including the Block Grants for Prevention and Treatment of Substance Abuse program under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.) and Programs of Regional and National Significance. Amounts transferred under this subsection shall remain available until expended.

SEC. 14. GAO STUDY.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study evaluating the various State laws, commercial insurance methods, and existing research on requirements that place limitations on opioid prescribing practices and provide analysis on best practices to address over-prescribing of opioids, while ensuring that individuals who need such opioids can access them safely. Such study shall provide recommendations, including with respect to—

(1) requiring non-opioid pain treatments to be front line therapies;

(2) limiting first-time opioid prescriptions to a patient for acute pain to a 72-hour supply; and

(3) pain management treatment contracts between practitioners and patients that establish informed consent regarding the expectations, risks, long-term effects, and benefits of the course of opioid treatment, treatment goals, the potential for opioid misuse, abuse, or diversion, and requirements and responsibilities of patients, such as submitting to a urine drug screening.

By Mr. MCCONNELL:

S. 2730. A bill to amend the Public Health Service Act to establish a pilot program to help individuals in recovery from a substance use disorder transition from treatment to independent living and the workforce, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2730

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Comprehensive Addiction Recovery through Effective Employment and Reentry Act'' or the ''CAREER Act''.

SEC. 2. PILOT PROGRAM TO HELP INDIVIDUALS IN RECOVERY FROM A SUBSTANCE USE DISORDER TRANSITION TO INDEPENDENT LIVING AND THE WORKFORCE.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

''SEC. 320B. PILOT PROGRAM TO HELP INDIVIDUALS IN RECOVERY FROM A SUBSTANCE USE DISORDER TRANSITION TO INDEPENDENT LIVING AND THE WORKFORCE.

''(a) IN GENERAL.—The Secretary shall establish a pilot program to award 5-year grants under subsection (b)(1) to States, and 1-year grants under subsection (b)(2) to States or Indian tribes, for the purpose of making subgrants to entities under subsection (c) to help individuals in recovery from a substance use disorder transition from treatment to independent living and the workforce.

''(b) GRANTS.—

''(1) 5-YEAR GRANTS.—

''(A) IN GENERAL.—The Secretary shall award 5-year grants under this paragraph to 5 States that submit an application under paragraph (3). Such States shall be selected—

''(i) from among the 10 States with the highest rate of death due to drug overdose per 100,000 people, based on data from the Centers for Disease Control and Prevention for calendar years 2013 through 2017; and

''(ii) based on the merits of the proposal included in such application and the preferences described in subparagraph (B).

''(B) PREFERENCES.—The Secretary, in selecting States for a grant under this paragraph, shall give priority to States from among the States described in subparagraph (A) with the combination of—

''(i) the highest average rates of unemployment based on data provided by the Bureau of Labor Statistics for calendar years 2013 through 2017;

''(ii) the lowest average labor force participation rates based on data provided by the Bureau of Labor Statistics for calendar years 2013 through 2017; and

''(iii) the highest prevalence of opioid use disorder based on data provided by the Substance Abuse and Mental Health Services Administration for calendar years 2013 through 2017 as may be available.

''(C) GRANT FUNDS.—

''(i) IN GENERAL.—The funds from a 5-year grant awarded under this paragraph shall be provided to each of the 5 selected States on an annual basis for each of fiscal years 2019 through 2023.

''(ii) CARRY OVER.—

''(I) IN GENERAL.—The funds awarded under clause (i) for a fiscal year shall remain available for the State to make subgrants under subsection (c) for such fiscal year, except a State may carry over (subject to subclause (II)) not more than 10 percent of such funds for the following fiscal year for such purpose.

''(II) REQUEST.—A State may make a request to the Secretary to carry over more than 10 percent of the funds awarded under clause (i) for a fiscal year for the following fiscal year for such purpose, and the Secretary may grant such request as the Secretary determines appropriate.

''(III) AMOUNT FOR FOLLOWING FISCAL YEAR.—Any amount carried over under this clause shall not impact the amount of the funds the Secretary awards the State for such following fiscal year.

''(iii) RETURN OF FUNDS.—Any funds awarded under clause (i) that are not expended during the fiscal year for which the funds are awarded and that are not carried over for the following fiscal year under clause (ii) shall be returned to the Secretary to carry out this section. Any funds returned to the Secretary after fiscal year 2023 shall be returned to the general fund of the Treasury.

''(2) 1-YEAR GRANTS.—

''(A) IN GENERAL.—The Secretary shall, for each of fiscal years 2019 through 2023, award 1-year grants to States or Indian tribes under this paragraph that submit an application in accordance with paragraph (3). Such States or Indian tribes shall be selected for a grant under this paragraph based on criteria established by the Secretary.

''(B) GRANT FUNDS.—

''(i) IN GENERAL.—The funds awarded through a grant under subparagraph (A) for a fiscal year shall remain available for the State or Indian tribe to make subgrants under subsection (c) for such fiscal year and may not be carried over for such following fiscal year.

''(ii) RETURN OF FUNDS.—Any funds awarded through a grant under subparagraph (A) that are not expended during the fiscal year of the grant shall be returned to the Secretary to carry out this section. Any funds returned to the Secretary after fiscal year 2023 shall be returned to the general fund of the Treasury.

''(3) APPLICATIONS.—

''(A) IN GENERAL.—Each State desiring a grant under paragraph (1) and each State or Indian tribe desiring a grant under paragraph (2) shall submit an application to the Secretary at such time and in such manner as the Secretary may reasonably require for such grant.

''(B) CONTENTS.—

''(i) IN GENERAL.—An application submitted under subparagraph (A) shall contain such information as the Secretary may reasonably require, including a proposal for awarding subgrants under subsection (c) and a method for evaluating such subgrants.

''(ii) 5-YEAR GRANTS.—An application submitted under subparagraph (A) for a grant awarded under subsection (b)(1) shall include an assurance that not less than 50 percent of the funds awarded through the grant will be used towards making subgrants under subsection (c) to the entities applying for such subgrants that serve the areas in the State with the highest prevalence of substance use disorder, based on data determined appropriate by the Secretary.

''(c) SUBGRANTS.—

''(1) IN GENERAL.—Each State that receives a grant under subsection (b)(1) and each State or Indian tribe that receives a grant under subsection (b)(2) shall award subgrants on a competitive basis to entities that meet the requirements under paragraphs (2) and (3).

''(2) SUBGRANT REQUIREMENTS.—

''(A) APPLICATION.—An entity that desires a subgrant under this subsection shall submit an application to the State or Indian tribe at such time and in such manner as the State or Indian tribe may reasonably require.

''(B) CONTENTS.—An application submitted under subparagraph (A) by an entity shall contain such information as the State or Indian tribe may reasonably require, including a demonstration that the entity has one or more of the following abilities:

''(i) The ability to partner with local stakeholders, which may include local employers, community stakeholders, and local and State governments, to identify gaps in the workforce due to the prevalence of substance use disorders.

''(ii) The ability to partner with local stakeholders, which may include local employers, community stakeholders, and local and State governments, to offer transitional services, including employment and career counseling or job placement, to help individuals in recovery from a substance use disorder transition into the workforce.

''(iii) The ability to partner with local stakeholders, which may include local employers, community stakeholders, and local and State governments, to assist employers with informing their employees of the resources, such as treatment options for a substance use disorder, that are available to them.

''(3) USE OF FUNDS.—An entity receiving a subgrant under this subsection shall use the subgrant funds for more than one of the following:

''(A) To hire specialists with an expertise in treating substance use disorders, including through residential treatment, to assist with the treatment provided through a subgrant under this subsection, which may include the use of medication-assisted treatment.

''(B) To provide wrap-around services to encourage substance use disorder prevention, treatment, recovery, and rehabilitation, with a focus on ensuring long-term recovery and symptom remission.

''(C) To help individuals transition from inpatient treatment for a substance use disorder to the workforce by providing—

''(i) career services described in paragraph (2), and training services described in paragraph (3), of section 134(c) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3174(c)); and

''(ii) related services described in section 134(a)(4)(D) of such Act (42 U.S.C. 3174(a)(4)(D)).

''(D) To implement innovative technologies to make substance use disorder treatment more affordable and accessible, which may include the use of telemedicine, and may assist individuals in finding and maintaining employment throughout recovery.

''(E) To provide ongoing outpatient substance use disorder treatment programs, including peer support meetings, for individuals who have recovered or are in recovery from a substance use disorder while they transition from receiving treatment for such disorder to entering the workforce and maintaining employment.

''(F) To assist patients, including through hiring case managers, care coordinators, or trained peer recovery coaches, in recovery from a substance use disorder, including through programs to provide services to develop daily living skills, provide counseling, and provide housing assistance, and through other appropriate Federal Government assistance programs.

''(G) With respect to an entity that provides the full continuum of substance use disorder treatment services, which may include detoxification, residential rehabilitation, recovery housing, evidence-based treatments (which may include the use of medication-assisted treatment), counseling, and recovery supports, to expand such services to include services that may include—

''(i) short-term prevocational training services, such as the development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct;

''(ii) vocational training, which shall emphasize the skills or knowledge necessary for a particular job function or trade; and

''(iii) care coordination throughout the short- and long-term substance use disorder recovery process.

''(H) Any other service determined by the Secretary as necessary for achieving the goal of transitioning individuals from treatment for substance use disorders to independent living and the workforce or to encouraging substance use disorder prevention in the workforce.

''(d) CONSULTATION.—The Secretary may, in carrying out the pilot program under this section, consult with the Assistant Secretary for Substance Use and Mental Health, the Administrator of the Health Resources and Services Administration, the Secretary of Labor, the Secretary of Housing and Urban Development, and the Secretary of Education.

''(e) REPORTING REQUIREMENTS.—

''(1) REPORTS TO THE SECRETARY.—

''(A) 5-YEAR GRANTS.—Not later than December 31, 2021, each State that has received a grant under subsection (b)(1) shall report to the Secretary on its progress and effectiveness in meeting the objectives of the pilot program under this section, including the progress and effectiveness of the entities receiving subgrants under subsection (c) as demonstrated through reports of such progress and effectiveness submitted to the State by such entities.

''(B) 1-YEAR GRANTS.—Not later than December 31 of the fiscal year following the fiscal year for which a grant is awarded under subsection (b)(2), the State or Indian tribe receiving such grant shall report to the Secretary on its progress and effectiveness in meeting the objectives of the pilot program under this section, including the progress and effectiveness of the entities receiving subgrants under subsection (c) which may be demonstrated through reports of such progress and effectiveness submitted to the State or Indian tribe by such entities.

''(2) REPORT TO CONGRESS.—Not later than December 31, 2024, the Secretary shall submit a report to Congress, including any applicable authorizing committee of the Senate or House of Representatives, evaluating the grants awarded under this section.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $200,000,000, for each of fiscal years 2019 through 2023, to carry out this section. Out of such amount appropriated for each such fiscal year—

''(1) 75 percent shall be used to make grants under subsection (b)(1); and

''(2) 25 percent shall be used to make grants under subsection (b)(2).''.

SEC. 3. TRANSITIONAL HOUSING SERVICES.

(a) IN GENERAL.—Section 105(a) of the Housing and Community Development Act of 1974 (42 U.S.C. 5305(a)) is amended—

(1) in paragraph (25)(D), by striking ''and'' at the end;

(2) in paragraph (26), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(27) providing temporary housing services to individuals who are transitioning out of substance abuse treatment programs for—

''(A) a period of not more than 24 months or until the individual secures permanent housing, whichever is earlier; or

''(B) such longer period as the Secretary determines necessary.''.

(b) ADDITIONAL CDBG AUTHORIZATION OF APPROPRIATIONS.—

(1) DEFINITION OF COVERED ENTITY.—In this subsection, the term ''covered entity'' means—

(A) a State (as defined in section 102(a) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302(a)) that is among the 10 States with the highest rate of death due to drug overdose per 100,000 people, based on data from the Centers for Disease Control and Prevention for calendar years 2013 through 2017; and

(B) any entitlement community located in a State described in subparagraph (A).

(2) AUTHORIZATION OF APPROPRIATIONS.—In addition to any amounts appropriated for the community development block grant program under title I of the Housing and Community Development Act of 1974 (42 U.S.C. 5301 et seq.), there are authorized to be appropriated $25,000,000 for each of fiscal years 2019 through 2023, to be allocated by the Secretary of Housing and Urban Development on a competitive basis to covered entities to carry out the activity described in paragraph (27) of section 105(a) of such Act (42 U.S.C. 5305(a)), as added by subsection (a).

(3) PREFERENCES.—In allocating amounts authorized to be appropriated under paragraph (2), the Secretary of Housing and Urban Development shall give priority to—

(A) States from among the States described in paragraph (1)(A) with a combination of—

(i) the highest average rates of unemployment based on data provided by the Bureau of Labor Statistics for calendar years 2013 through 2017;

(ii) the lowest average labor force participation rates based on data provided by the Bureau of Labor Statistics for calendar years 2013 through 2017; and

(iii) the highest prevalence of opioid use disorder based on data provided by the Substance Abuse and Mental Health Services Administration for calendar years 2013 through 2017 as may be available; and

(B) entitlement communities located in a State described in clause (i), (ii), or (iii) of subparagraph (A).

SEC. 4. SUBSTANCE USE DISORDER TRANSITION ACTIVITIES.

(a) RESERVATIONS FOR STATE ACTIVITIES.—Section 133(a)(1) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3173(a)(1)) is amended—

(1) by striking ''The Governor'' and inserting the following:

''(A) IN GENERAL.—The Governor''; and

(2) by adding at the end the following:

''(B) SUBSTANCE USE DISORDER TRANSITION ACTIVITIES.—

''(i) ADULT AND DISLOCATED FUNDS.—Of the funds reserved as required under section 128(a)(1) and subparagraph (A), the Governor of a State with an application approved under section 134(a)(4) may reserve a sum of not more than 5 percent of each of the amounts allotted to the State under paragraphs (1)(B) and (2)(B) of section 132(b) for a fiscal year for substance use disorder transition activities described in section 134(a)(4). Notwithstanding sections 128(a)(2), 129(b), and 134(a), the Governor may not use an amount allotted under section 127(b)(1)(C) for those activities.

''(ii) VOCATIONAL REHABILITATION FUNDS.—The Governor of a State with such an approved application may reserve funds as described in section 110(e) of the Rehabilitation Act of 1973 (29 U.S.C. 730(e)) for substance use disorder transition activities described in section 134(a)(4).''.

(b) STATEWIDE EMPLOYMENT AND TRAINING ACTIVITIES.—

(1) IN GENERAL.—Section 134(a)(1) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3174(a)(1)) is amended—

(A) in subparagraph (A), by striking ''and'' at the end;

(B) in subparagraph (B), in the matter following clause (ii), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(C) as described in section 133(a)(1)(B), may be used for substance use disorder transition activities as described in paragraph (4), regardless of whether the funds were allotted to the State under paragraph (1) or (2) of section 132(b).''.

(2) SUBSTANCE USE DISORDER TRANSITION ACTIVITIES.—Section 134(a) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3174(a)) is amended by adding at the end the following:

''(4) SUBSTANCE USE DISORDER TRANSITION ACTIVITIES.—

''(A) DEFINITIONS.—In this paragraph:

''(i) APPROPRIATE SECRETARY.—The term 'appropriate Secretary' means—

''(I) except as provided in subclause (II), the Secretary of Labor; or

''(II) if the application involves funds reserved under section 110(e) of the Rehabilitation Act of 1973 (29 U.S.C. 730(e)), the Secretary of Labor and the Secretary of Education.

''(ii) SUBSTANCE USE DISORDER.—The term 'substance use disorder' means such a disorder within the meaning of the term in title V of the Public Health Service Act (42 U.S.C. 290aa et seq.).

''(iii) SUBSTANCE USE DISORDER TRANSITION ACTIVITIES.—The term 'substance use disorder transition activities' means activities authorized under subparagraph (D) or (E).

''(B) ELIGIBLE STATES.—To be eligible to use the funds reserved under clause (i) or (ii) of section 133(a)(1)(B) for substance use disorder transition activities described in this paragraph, a State shall—

''(i) submit to the appropriate Secretary an application seeking flexibility to use the reserved funds for such activities, and submit the application at such time, in such manner, and containing such information as the appropriate Secretary may require, including an assurance that the State will award subgrants to entities on the basis of the ability of the entities to provide the substance use disorder transition activities involved, including any programs that the entities propose to provide that lead to recognized postsecondary credentials; and

''(ii) obtain approval of the application.

''(C) SUBGRANTS.—An eligible State may use the funds reserved under clause (i) or (ii) of section 133(a)(1)(B) to make subgrants to one-stop operators and nonprofit organizations, to provide services under subparagraph (D) and (at the election of the State) subparagraph (E).

''(D) CAREER SERVICES.—An entity that receives a subgrant under subparagraph (C) shall use the subgrant funds to assist individuals in recovery from a substance use disorder in transitioning to the workforce, by providing career services (such as the services described in section 134(c)(2)) and related services, which may include 1 or more of—

''(i) providing ongoing career counseling, both before and after job placement, with a focus on individual employment preferences while weighing the skill needs of industries in the local area;

''(ii) promoting systemic job development, by facilitating voluntary programs and relationships between participants and local employers to create potential employment opportunities;

''(iii) providing benefits counseling—

''(I) to ensure participants receive accurate information regarding how employment will affect access to various Federal programs, such as the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the supplemental security income program established under title XVI of that Act (42 U.S.C. 1381 et seq.); and

''(II) to advise participants on ways to transition away from the programs described in subclause (I) through maintaining employment;

''(iv) creating voluntary programs with employers to establish a work and treatment arrangement, such as an Employee Assistance Program, for employees in recovery from a substance use disorder;

''(v) providing educational materials or training to employers to enable the employers to inform their employees of the resources, such as treatment options for a substance use disorder, that are available to them; and

''(vi) any other career services that are determined to be necessary by the appropriate Secretary and that would assist individuals in recovery from a substance use disorder in transitioning to the workforce.

''(E) TRAINING SERVICES.—An entity that receives a subgrant under subparagraph (C) shall (at the election of the State) use the subgrant funds to assist individuals in recovery from a substance use disorder in transitioning to the workforce, by providing training services.''.

(c) ADMINISTRATION.—Section 181 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3241) is amended—

(1) by redesignating subsection (g) as subsection (h); and

(2) by inserting after subsection (f) the following:

''(g) RELATIONSHIP TO OTHER LAWS.—

''(1) DISABILITY NONDISCRIMINATION LAW.—Subject to paragraph (2), an employer that employs, or considers for employment, any individual who receives services under this section or under section 320B of the Public Health Service Act shall have an absolute defense to any claim (including a charge) of unlawful discrimination on the basis of disability under a covered law, that alleges that the employer discriminated against that individual (which may include refusing to hire or terminating the employment of the individual) based on alcohol addiction or past substance use disorder for which the individual receives such services.

''(2) RULE OF CONSTRUCTION.—Nothing in paragraph (1) shall be construed to eliminate the duty of the employer, to an employee who is an individual who receives such services, to provide a reasonable accommodation for an alcohol disorder, or a past substance use disorder, that is a disability under a covered law.

''(3) DEFINITIONS.—In this subsection:

''(A) COVERED LAW.—The term 'covered law' means title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.), title V of the Rehabilitation Act of 1973 (29 U.S.C. 791 et seq.), or a State law (including local law), that prohibits discrimination on the basis of disability in employment.

''(B) SUBSTANCE USE DISORDER.—The term 'substance use disorder' means such a disorder within the meaning of the term in title V of the Public Health Service Act (42 U.S.C. 290aa et seq.).''.

(d) OTHER CORE PROGRAMS.—Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) is amended by adding at the end the following:

''(e)(1) In the case of a transition State, from any State allotment under subsection (a) for a fiscal year, the State may reserve not more than 5 percent of the allotted funds for substance use disorder transition activities described in section 134(a)(4) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3174(a)(4)).

''(2) In this section, the term 'transition State' means a State with an application approved under section 134(a)(4) of the Workforce Innovation and Opportunity Act.''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 479—DESIGNATING APRIL 2018 AS ''NATIONAL DONATE LIFE MONTH''

Ms. HEITKAMP (for herself, Ms. COLLINS, and Ms. WARREN) submitted the following resolution; which was considered and agreed to:

S. RES. 479

Whereas, in April 2018, more than 114,000 individuals in the United States were on the official national transplant waiting list (referred to in this preamble as the ''national transplant waiting list'') managed by the Organ Procurement and Transplantation Network;

Whereas, in 2017, 34,770 transplant procedures were performed in the United States with organs from 10,286 deceased donors and 6,187 living donors, yet 6,081 candidates for transplantation died while waiting for an organ transplant;

Whereas, on average, 20 people die each day in the United States while waiting for an organ donation;

Whereas more than 138,000,000 people in the United States are registered to be organ and tissue donors, yet the demand for donated organs outweighs the supply of organs made available each day;

Whereas, in 2017, a record was set for the number of organ transplants performed in a single year, yet every 10 minutes, 1 person is added to the national transplant waiting list;

Whereas an organ donation from a single deceased donor can benefit up to 8 individuals;

Whereas a living donor can donate a kidney or a portion of a lung or the liver to save the life of another individual; and

Whereas April is traditionally recognized as ''National Donate Life Month'': Now, therefore, be it

Resolved, That the Senate—

(1) designates April 2018 as ''National Donate Life Month'';

(2) supports the goals and ideals of National Donate Life Month;

(3) supports promoting awareness of organ donation by increasing public awareness;

(4) encourages States, localities, and territories of the United States to support the goals and ideals of National Donate Life Month by issuing a proclamation to designate April 2018 as ''National Donate Life Month'';

(5) commends each individual who—

(A) is a registered organ donor who may have a positive impact on the life of another individual; or

(B) indicates a wish to become an organ donor;

(6) acknowledges the grief of families who face the loss of loved ones and commends the families who, in their grief, choose to donate the organs of deceased family members;

(7) recognizes the generous contribution made by each living individual who has donated an organ to save the life of another individual;

(8) acknowledges the advances in medical technology that have enabled organ transplantation with organs donated by living individuals to become a viable treatment option for an increasing number of patients;

(9) commends the medical professionals and organ transplantation experts who have worked to improve the process of living organ donation and increase the number of living donors; and

(10) salutes each individual who has helped to give the gift of life by supporting, promoting, and encouraging organ donation.

SENATE RESOLUTION 480—EXPRESSING SUPPORT FOR THE DESIGNATION OF MAY 1, 2018, AS ''SILVER STAR SERVICE BANNER DAY''

Mr. BLUNT (for himself and Mrs. MCCASKILL) submitted the following resolution; which was considered and agreed to: