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Senate

The Senate met at 12 noon and was called to order by the Honorable DEB FISCHER, a Senator from the State of Nebraska.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

O God, the Father of light, today give our Senators the light to guide them, the courage to sustain them, and the civility to unite them. Give our lawmakers humility in prosperity and patience in adversity. Provide them with a quiet awareness of Your presence, sustaining them with Your great power.

Lord, make us all grateful for the blessings You shower upon us each day. Increase our faith until we experience peace that flows like a river in our hearts.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The senior assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, September 6, 2018.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable DEB FISCHER, a Senator from the State of Nebraska, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mrs. FISCHER thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

NOMINATION OF BRETT KAVANAUGH

Mr. MCCONNELL. Madam President, day 2 of Brett Kavanaugh's confirmation hearings proved to be a marathon session. For 13 hours, Judge Kavanaugh was grilled by our colleagues on the Judiciary Committee. Through that testing, the Senate got to see exactly why the American Bar Association deemed this nominee to be unanimously ''well qualified,'' which is the highest possible rating, a distinction that many of our Democratic colleagues in the past called the gold standard.

We saw precisely why he has earned such praise from accomplished legal figures, like Lisa Blatt, a self-described liberal and a leading Supreme Court litigator who proudly introduced Judge Kavanaugh before the committee; and Neal Katyal, the Obama administration's Solicitor General who said: ''It's very hard for anyone who's worked with Judge Kavanaugh, appeared before him, to frankly say a bad word about him.''

Judge Kavanaugh was patient and professional. His answers showed total command of everything, from the fine details of case law to the principles upon which our Founders built the Constitution.

In July, one of Judge Kavanaugh's former Yale Law School professors explained that he is ''an avid consumer of legal scholarship. He reads and learns.''

It certainly shows. Judge Kavanaugh's widely acclaimed temperament was on full display. He gave thoughtful, expansive answers, while also respecting the independence of the judiciary. Even as some of our Democratic colleagues seemed to forget—seemed to forget—that we are examining a potential Supreme Court Justice and not interviewing a superlegislator who will be writing his own policy preferences into law, Judge Kavanaugh remained very gracious and spoke at length about his past jurisprudence and his understanding of the role judges play in our Republic.

It was striking to contrast Judge Kavanaugh's poise, on the one hand, and professionalism with the continued unhinged—literally, unhinged—antics of the far left, which once again resorted to yelling and screaming and interrupting the hearing with nonsensical protests. The Capitol Police deserves all of our gratitude for keeping order, as does Chairman GRASSLEY for keeping the proceedings moving smoothly.

Perhaps it is finally dawning on the far left that Judge Kavanaugh is an impressive, mainstream, and brilliant nominee who almost any objective observer would agree is more than qualified to serve on the Supreme Court. Maybe that is why they are resorting to futile attempts to disrupt the proceedings. Maybe that is why no fewer than 66 individuals were removed from the hearing room for interruptions.

I will be perfectly clear about this. Hysterical stunts are not going to stop the U.S. Senate from completing its business. There is no heckler's veto here. I look forward to more excellent testimony from Judge Kavanaugh today.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

TRIBUTE TO DR. WALTER OLESZEK

Mr. MCCONNELL. Madam President, I want to say a few words about a loyal and valuable public servant as he reaches a remarkable milestone. Over the past 50 years, Members of Congress have come and gone, but all the while, Dr. Walter Oleszek has been on hand at the Library of Congress to answer Members' and staff's toughest questions about the inner workings of American government.

Walter arrived in Washington in the summer of 1968 from Upstate New York. He signed on with the Legislative Reference Service, now the Congressional Research Service, and has been serving ever since.

Over five decades, Walter has grown into an institution unto himself. He is not only the longest serving CRS team member but also a dedicated and integral part of its operations, while also finding time to teach and lecture on the side.

Alan Frumin, the former Senate Parliamentarian, was actually one of Walter's students at Colgate University years ago. According to Alan, ''If there's anything about Congress that Walter does not know, then that thing doesn't exist.'' In my experience around here, the Parliamentarian is usually the smartest one in the room. So that is especially high praise, and Walter has earned it.

Today, on behalf of the Senate, I want to thank this scholar, author, internationally sought adviser, and dedicated steward of the U.S. Congress. We congratulate him on his career thus far and look forward to continuing to work alongside him.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The majority leader.

ORDER OF PROCEDURE

Mr. MCCONNELL. Madam President, pursuant to the order of August 28, at 1:45 p.m. today, the Senate will proceed to executive session to consider Calendar Nos. 693, 731, 778, 779, 782, 838, 839, and 893, as under the previous order.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. SCHUMER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

NOMINATION OF BRETT KAVANAUGH

Mr. SCHUMER. Madam President, today the Senate Judiciary Committee continues its hearings on Judge Brett Kavanaugh's nomination to the Supreme Court. During yesterday's session, the American people got to see a nominee who refused to answer even the most basic, fundamental questions about his jurisprudence. They got to see a coverup of Judge Kavanaugh's records by himself and the Republican members of the committee.

When Judge Kavanaugh was asked specific questions about important issues that might someday come before a court, like women's reproductive freedom, he pleaded the need for independence and refused to answer. When Democratic Senators asked him hypothetical questions, instead, to avoid the possibility of the judge tipping his hand on a future case, then he said he wouldn't engage in hypotheticals—can't talk about specific cases, can't talk about general situations. He is ducking. He is hiding.

Judge Kavanaugh was asked how he might view the constitutionality of a Presidential subpoena arising from the Mueller probe. He said he could not tip his hand about a potential issue before the Court. Asked, then, about the constitutionality of a Presidential subpoena in general, he said he would not engage in a hypothetical. This is not a hypothetical issue; this is a fundamental constitutional issue.

There is no legal, ethical, or judicial reason for Judge Kavanaugh to avoid directly answering these questions unless he has something to hide. If the nominee can't answer questions about already decided cases, pending cases, or hypothetical cases, honestly, what is there left to talk about—charity work and basketball? Your favorite Federalist Paper?

How does the nominee expect the Senate and the public to evaluate him? He doesn't. He doesn't want it. His lifelong record as a hard-right warrior, if he talked about it and talked about his views, would rule him out, so he hides. That should not happen when it comes to nominating one of the most powerful positions in American society.

Let me just mention a few topics Judge Kavanaugh ducked.

Judge Kavanaugh would not expand or even revisit his views on Presidential power, where he already enumerated some in a Minnesota Law Review article. As Senator KLOBUCHAR pointed out, he has already talked about them publicly. Why can't he elaborate? He has given his view on that one. Very bad view. Does he still hold it? Nobody knows.

Judge Kavanaugh could not assure the American people he would uphold the healthcare law, including protections for up to 130 million Americans with preexisting conditions, protections that are under threat right now by a lawsuit in Texas.

He could not assure the American people he would uphold the landmark decision in Roe v. Wade. He did repeat a view, which he reportedly shared with Senator COLLINS, that Roe v. Wade was settled precedent of the Court, but as Judge Kavanaugh himself points out in a 2003 email made public this morning, ''I am not sure that all legal scholars refer to Roe as the settled law of the land at the Supreme Court level since [the] Court can always overrule its precedent, and three current Justices on the Court would do so.'' That is an email from Brett Kavanaugh explaining that Roe vs. Wade is only settled law until a majority of the Court decides it isn't.

Since the time he wrote that email, one more Justice has joined the Court likely to overturn Roe. Judge Kavanaugh could be the deciding vote, and he will not even talk about it. That is an issue that affects all Americans. It is an issue that is so important to our jurisprudence. It is an absolute disgrace that a nominee for the Supreme Court refuses to talk about such a fundamental issue at the core of one of the great debates of American society and hides behind legal subterfuge, chicanery, so he doesn't have to speak—verbal chicanery.

I wonder why the Republican majority labeled the email about Roe v. Wade ''committee confidential'' until this morning. Was that email withheld for privacy reasons? No. National security reasons? No. It is ridiculous. The only explanation is that Judge Kavanaugh's record was being withheld for political reasons. They don't want the American people to see his view. If the American people knew that Judge Kavanaugh would decide against Roe v. Wade, as it seems this email feels he thinks he can, not bound by legal precedent if he changes his mind, if the Court changes its mind, they would rise up and say: Don't put him on the bench. So, instead, they hide the records.

My Republican colleagues set up an entire process to go around the nonpartisan National Archives, and it appears that the purpose was to hide documents that might shed real light on Judge Kavanaugh's actual record.

Now, finally, a little late in the game, the truth is coming out, but this is only the tip of the archives. These are the only documents that have slipped through the Republican filter. What else is hidden in Judge Kavanaugh's record? What else don't we know about the nominee? When did the Republican majority decide that

Supreme Court nominees should be like icebergs, only a small portion showing, while the real nominee lurks unseen underwater and potentially dangerous?

So I strongly support and commend the Democrats on the Judiciary Committee in their efforts to make these confidential documents public. I stand with them. They did the right thing. The American people desire to see these documents.

In this case, committee confidential is a complete fiction, a subterfuge to avoid the American people knowing the real Brett Kavanaugh. The members of the committee should be praised, not chastised, for making these documents available. They did the right thing, and they had an obligation to do it. The Republican members of the committee should be ashamed of themselves—ashamed of themselves—for participating in the administration and Judge Kavanaugh's coverup of his record. The Senate and the American people have a right to see the nominee's record, especially now, since the nominee appears unwilling to answer substantive questions about his views.

Whatever the rules may be of the Senate, they should not be twisted to ensure partisan advantage and prevent transparency and openness. They should not be twisted to cover up the truth rather than reveal it.

There is so much at stake in this Supreme Court nomination. Will Americans with preexisting conditions be able to get healthcare? Will women be able to make private personal choices about their medical care? Will LGBTQ Americans be able to marry whom they love? Will every American's constitutional right to vote be protected? Can the President of the United States be held accountable, especially at this time? We know how much we need that. Yet, at every turn, the Republican majority, the Trump administration, and Brett Kavanaugh have prevented the Senate and the American people from being truly able to vet a nominee who could affect the lives of Americans for a generation.

I yield the floor.

Mr. COTTON. Madam President.

The ACTING PRESDIENT pro tempore. The Senator from Arkansas.

NOMINATION OF DOMINIC W. LANZA

Mr. COTTON. Madam President, I speak in support of the nomination of Dominic Lanza to be a district judge for the District of Arizona.

Dominic is my old friend and law school classmate and, maybe most importantly, intramural basketball teammate, when he was known as ''Dom'' or perhaps ''The Dominator.''

Now, I can't claim the credit for Dominic's nomination. He has the highest qualifications, and his whole life has prepared him for this moment to be a U.S. district judge. Dom graduated with highest honors from Dartmouth in 1998, where he was also an All-Ivy League and Academic All-American offensive lineman on the Dartmouth football team. He received the Barrett Award for being the outstanding graduate of his class in achievement, character, and leadership.

In law school together, he excelled, graduating with honors, serving as a member of the law review.

He went on to clerk for Judge Pam Rymer on the Ninth Circuit Court of Appeals. For 5 years, he worked in private practice with Gibson Dunn & Crutcher in their constitutional and appellate law practice, and won awards for his pro bono work.

For the last 10 years, Dom has served the people of Arizona and the people of this country in the U.S. attorney's office from the District of Arizona. As an assistant U.S. attorney, from 2008 to 2012, he prosecuted over 300 defendants for a wide variety of crimes, including immigration offenses, drug trafficking, and public corruption.

He authored more than 20 appellate briefs and argued more than 11 cases in the Ninth Circuit Court of Appeals. From 2012 to 2015, he served as chief of the district's Financial Crimes and Public Integrity section, and he is now the chief and executive assistant U.S. attorney—the No. 2 position in the district—where he oversees the Phoenix office.

Dom said that the most important lesson he has learned in his time at the U.S. Attorney's Office is the need to represent the facts and the law fairly and accurately to the court and opposing counsel. He has also learned the necessity of treating everybody involved in the legal process—from judges to jurors, support staff, opposing counsel, and parties—with courtesy, dignity, patience, and respect.

Dom has volunteered in the Court Works Program, in which students from at-risk schools perform simulated trials. He participated in the Veterans Court Program, which provides increased support and guidance to Federal criminal defendants who are veterans.

Dom participated in, completed, and received the highest marks from Senator McCain and Senator FLAKE's judicial nomination panel. He now has the support, as well, of Senator JON KYL. I commend all three men for an outstanding selection.

As I said, I can't take credit for Dom's nomination, but I can perhaps add a little bit of perspective to the kind of judge he will be from the man I knew on the basketball courts.

Dom was tough. If you were driving to the basket or fighting for a rebound, you did not want him in your way.

Dom was fairminded. If he fouled an opposing player or knocked a ball out of bounds, you would get no argument from him. He would admit that he knocked the ball out of bounds or that he had committed the foul, and play would go on.

I would say Dominic was even-tempered, something of a gentle giant. When tempers flared on the basketball courts at Hemingway, as they, in retrospect, did too often—and over silly matters—Dom was a peacemaker, separating those who might otherwise be in an altercation.

Dom was a team player. When it was time for him to take the shot because that is what the team needed, that is what he would do, but he was just as happy to pass the ball off, to set a screen, to box-out for a rebound.

Dom was good-natured—competitive to be sure, but he understood that in the grand scheme of things, we were all just a bunch of washed-up high school and college athletes enjoying a few hours off from our studies.

These are all traits that are going to put him in the best position possible to deliver justice not only for the people of Arizona but for the people of the United States. Everyone who comes before him is fortunate that Dominic Lanza will soon be a district judge.

For 42 years, Dominic has been known as Dom or the Dominator, but in just a few hours, he will be known as Your Honor. Few men, by their character and by their lives, better deserve that title than the Dominator, Dominic Lanza.

Madam President, I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BLUNT. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

NOMINATION OF BRETT KAVANAUGH

Mr. BLUNT. Madam President, I want to speak for a few minutes about the hearings going on today with Judge Brett Kavanaugh. I had a chance, as you did, to meet him a little over a month ago. It was clear from that conversation that he is clearly the best person available, in my view, to fill the vacancy left by Justice Anthony Kennedy. I think his opening remarks this week gave great evidence to that. He said, as he described himself, that ''a judge must be an umpire—a neutral and impartial arbiter who favors no litigant or policy. . . . I do not decide cases based on personal or policy preferences. I am not a pro-plaintiff or pro-defendant judge. I am not a pro-prosecution or pro-defense judge. I am a pro-law judge.''

What does it mean to be a ''pro-law'' judge? It means that you see your job as a judge who will look at the law and determine what the law says, whether that is criminal law or civil law.

I am not an attorney, but if you hire an attorney to give you advice on civil law, the greatest benefit you can have

in making a decision based on that advice is that judges at all levels, up to the Supreme Court, will look at the law as hopefully your good attorney did and say: This is what this law means. If you make this decision based on what the law says, the courts in the United States of America will reach that same, likely, conclusion. Your attorney might say that the law is not clear on this issue, and that is a different scenario. But the judge's job is not to decide what is the right thing. The judge's job is not to decide what the law should say. The judge's job is not to decide what the people who wrote the Constitution should have written or should have meant if they had known everything we know today. The judge's job is to look at the law and look at the Constitution and decide that is what it said.

Nothing would be a better example of Judge Kavanaugh's philosophy than the 300 opinions he has issued as a judge. There is a lot of discussion: Well, there is not enough material out there. We haven't seen everything. We haven't seen everything that went through the White House when he was the Staff Secretary for President George W. Bush. We haven't seen all of that.

Of course, that is not the case. There is plenty to be seen. In fact, there is more paperwork available to look at from Judge Kavanaugh than from the last five Supreme Court Justices put together. I will state that if you are looking for paper, you have paper. If you are looking for the judge's position, you also have 300 cases, some of which were appealed to the Supreme Court. Thirteen of his opinions—and I think some of them were when he was in the minority on the circuit court bench—became the opinions that the Supreme Court essentially adopted almost exactly as Judge Kavanaugh had written them.

What we are trying to do is put somebody on the Supreme Court for a lifetime appointment. This individual happens to be somebody who for 12 years has been on what is often described as the second most important court in the country.

Why would the DC Circuit—that is the court of appeals for the DC area—be the second most important court in the country? The reason is that most of the cases that involve new Federal law, that involve expansive Federal law, wind up right here. For 12 years, Judge Kavanaugh has been one of those judges.

Believe me, if the Supreme Court had said over and over again, when there was an appeal from the DC Circuit, that Judge Kavanaugh's opinion really makes no sense or that Judge Kavanaugh's opinion wasn't based on the law, the facts, and the Constitution, we would have heard about that. In 300 opinions, we would have heard about that if that had been the case, and we have not heard that. In fact, what we have heard over and over again is about the job this judge has done and the skill he brings to the court.

Going back to the idea that a judge's goal is not to decide what the judge would like the outcome to be but what the law says, Justice Scalia, who was replaced last year by Judge Gorsuch, said that ''the judge who always likes the results he reaches is a bad judge.'' Why would you be a bad judge if you always liked the decisions you reached? The reason is that you couldn't have always been looking at the law. The judge doesn't write the law. The judge doesn't come up with the law. The judge doesn't even have to agree with the law. The judge's job is to decide what the law says. If you look at every case before you and evaluate it based on the facts and apply the rule of law, you are going to come up with a conclusion you won't always like, but you will come up with a conclusion that the people who are in the case will understand as far as how you came up with it because you came up with it based on the law and the facts.

Judge Kavanaugh's credentials have been discussed before. Frankly, they are not being very widely discussed this week because the hearing—at least half the time—appears not to have much to do with Judge Kavanaugh at all but whether there is enough paperwork to look at or whether a judge would have reached a different conclusion than he reached. But his qualifications are pretty significant. He is a graduate of Yale Law School. He clerked for three Federal judges, including the Justice he is about to replace. Of course, being a clerk for a judge means that you have graduated from law school. Someone has looked at all the applicants to be their clerk, and—it is almost like graduate work after you have graduated from law school—you are chosen to be that clerk. So that happened three times with Judge Kavanaugh, including for Justice Kennedy. He clerked for Justice Kennedy alongside Justice Gorsuch.

In 2006, President Bush nominated him to serve on the DC Circuit Court of Appeals. In addition to that, since 2009, he has been the Samuel Williston Lecturer on Law at Harvard Law School. He was hired by Justice Kagan before she was nominated to the Court by President Obama and who was then dean of Harvard Law School. He has the interesting opportunity to be confirmed to the Court—and I believe he will be—and to be sitting on the Court with a Justice nominated by President Obama who hired him to be a lecturer at Harvard Law School.

In addition to his legal career, he has devoted himself to his community. He coaches his daughter's basketball team with some pride, Coach K—not always the Coach K I would think of but the Coach K the girls on that team think of when they think of Coach K. He is a church volunteer. He has mentored people at schools. He has been widely supported by those who have dealt with him—his classmates, colleagues, clerks, and legal scholars.

This week, he received a unanimously ''well qualified'' rating from the American Bar Association. That is the very highest rating they can give, and it was unanimous. That is a pretty good signal that he must have been well prepared as a lawyer to be a judge.

The Judiciary Committee has received letters from more than 140 law professors, more than 40 members of the Supreme Court Bar, 34 of his former law clerks, 80 former Harvard Law students, 31 Governors, and many more.

His nomination isn't just widely supported, it is thoroughly vetted. There are 480,000 pages of documents and, in 300 cases, the opinions he has written.

I continue to believe that the Supreme Court is one of the longlasting and most important legacies of a President, but it is also one of the important legacies of the Senate. The Constitution says the President nominates but the Senate advises and consents. This is not just about advice, it is about becoming a partner in that process of becoming a member of the Supreme Court for as long as you live, unless you decide to leave earlier than that.

I am disappointed that almost half of this Senate announced they wouldn't be for Judge Kavanaugh before his confirmation hearings. At least one-fourth of the Senate announced they wouldn't be for Judge Kavanaugh before he was nominated. No matter who was going to be nominated, one-fourth of the Senate was not going to be there.

I think we will find that a majority of the Senate will be there later this month. I think we will find the majority of the Senate will be there before the first Monday in October, which is the day the Court starts to hear cases for the coming year.

I think Judge Kavanaugh is going to serve our country well and, I hope, long. I look forward to his confirmation later this month.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Washington.

APPROPRIATIONS PROCESS

Mrs. MURRAY. Madam President, I come to the floor today to join the vice chairman of the Appropriations Committee, who will be joining me shortly, in urging our colleagues to avoid a completely unnecessary crisis and work together with us to get out our spending bills and get all of our spending bills signed into law.

We should be able to do this. I am very proud of the work we have done so far. Under the leadership of the chairman and vice chairman of the Appropriations Committee, we have been able to negotiate and pass bills under regular order in a way we have been unable to do for years.

We did this by rejecting the awful and counterproductive budget ideas from President Trump and his administration and by pushing aside poison pill riders that would derail this process—such as attacks on healthcare, higher education, public schools, patient protections, workers' rights, and more.

I am particularly proud that we were able to work together and negotiate and pass our LHHS bill through the full Senate, something that has not been done in over a decade.

Our bill makes strong investments in families, patients, students, workers, and the middle class, and it rejects poison pill riders. It builds on the strong work we have done to increase access to childcare and early learning and includes targeted funding to address the opioid epidemic, especially in our underserved areas. It includes significant new resources to address the truly alarming issues of maternal mortality, to help us understand why so many women in our country are dying as a result of childbirth and pregnancy and prevent this from happening. The list goes on and on.

We still have some work to do, but we should be able to get this done in the coming days. I am going to keep working until we do. However, I am very concerned that President Trump continues to threaten to refuse to sign these bills and shut down the government.

Just this week, we saw new reports that he is talking, once again, about shutting down the government to try to get the money for his ill-advised and wasteful border wall. President Trump told his voters that Mexico was going to pay for his wall, so maybe he is talking about shutting down the Mexican Government so that he can get money in Mexican spending bills. But if he is talking about trying to get American taxpayers to foot the bill, that is not going to happen.

I hope Republicans in Congress will continue to stand with us to stay the course on these bipartisan bills. We have come far in this process by putting families first and rejecting attempts to insert partisanship and poison pill riders in all of our spending bills. We need to get this done.

Thank you, Madam President.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. LEAHY. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. LEAHY. Madam President, in the last few months, the Senate has achieved record progress in going through our appropriations bills. As we return from the Labor Day weekend, the Senate has already passed 9 of the 12 Appropriations bills by overwhelming bipartisan margins. The Appropriations Committee has reported the remaining three bills, again, with bipartisan support. The end of the fiscal year is only a few short weeks away, but looking at the record pace of our work here in the Senate, there is no reason we can't conference all of these bills with the House and send all nine to the President's desk before October 1.

It would be quite an accomplishment. It would show the American people that when it matters, Congress can come together and do the job we were sent here to do. That includes passing responsible, thoughtful, and well-considered appropriations bills on time and on budget.

When I became vice chairman of Appropriations, with Senator SHELBY as chairman of Appropriations, we pledged to each other and the Senate that we would move these bills in a way they had not been moved in years and that we would do it in a bipartisan way.

It is important that we conference all of the bills we have passed in the Senate so far and then send them to the President's desk. We cannot just pick and choose and say: We will do this one based on political expediency but not this one. That would put us right back in the trap in which we had been in past years. We have to show the American people that the Senate actually knows how to do its work. The hard work has been done. We know the issues we need to resolve, so now we ought to take these bills across the finish line.

It may sound archaic, but let me talk about minibus No. 1, which contains the Energy and Water Development appropriations bill, the Military Construction and Veterans Affairs and Related Agencies appropriations bill, and the Legislative Branch appropriations bill. It provides much needed resources for the support and care of our Nation's veterans and their family members, and it makes critical investments in our country's water infrastructure and energy programs. Yesterday, we held a public conference with the House of Representatives on the first minibus, and I am pleased to report that we have made some significant progress.

One of the reasons we are successful in moving bills in the Senate is that we advance appropriations bills that are free of poison pill policy riders from either the left or the right. In fact, my experience and the experience of many others tell us that is the only path to success in the Senate, where we rightfully need 60 votes to advance legislation, and it is the only path to success for conferencing the three minibus bills. I challenge the House Republicans to come to terms with that reality. No one should mistake—and I want to emphasize this—Democratic cooperation in the Senate for a sign that we will support a conference report that contains poison pills. We will not.

Minibus No. 2 contains four appropriations bills—the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies appropriations bill; the Interior, Environment, and Related Agencies appropriations bill; the Financial Services and General Government appropriations bill; and the Transportation, Housing and Urban Development appropriations bill. The House plans to appoint conferees to this minibus later this afternoon, and I encourage the Senate to follow soon thereafter. Let me take these one by one.

The Agriculture appropriations bill is a win for farmers, families, and rural communities. Every State in this Nation has rural communities—the Presiding Officer does; I do; every State does—and farm economies that benefit from these important programs. From clean water programs to investments in rural broadband and from rural housing assistance to agricultural research, this bill touches millions of Americans all across the country. In the wake of the uncertainty and chaos that has been caused by trade wars and unnecessary tariffs, our farmers and rural communities deserve better than inaction on appropriations. Both the House and the Senate have passed their versions of the bill. So let's just get to work and send the conference bill to the President.

The same goes for the Transportation, Housing and Urban Development appropriations bill, which makes critical infrastructure investments across the Nation, and we desperately need them. Improving the Nation's infrastructure was one of President Trump's key campaign promises, but instead of proposing realistic solutions, he has criticized the very budget deal that has made increases in infrastructure possible. Instead of improving our infrastructure, he has proposed cutting—not increasing—funding in his budget for infrastructure programs. Here we have an opportunity to invest in our country and to start addressing our crumbling bridges and roads. We cannot and should not kick the can down the road. There is not a single Senator here who cannot point to the needs of the bridges and roads in his or her State.

Then we have the Interior bill that makes critical investments in programs that help to ensure we have clean water to drink and clean air to breathe and that funds our national parks and other public lands. The Financial Services bill funds regulatory agencies that U.S. citizens rely on to protect them from unfair, unsafe, or fraudulent business practices, like the Consumer Product Safety Commission and the Federal Trade Commission.

Congress now stands poised to deliver to the American people, but we have to get moving. Leaving these important agencies to limp along in a continuing resolution is unwise and unnecessary. We have laid the groundwork to finish these bills. Now we just need the will to do it.

This brings me to minibus No. 3, which contains the Defense appropriations bill and the Labor, Health and Human Services, and Education appropriations bill. It funds our national security and many of our domestic priorities, and it demonstrates the importance of the bipartisan budget agreement that was reached earlier this year. In this combination of bills, we see the priorities that are outlined in that agreement made into real policy to improve the lives of the American people. It is not empty rhetoric but real policy, and that is why so many Republicans and so many Democrats voted for it.

As a result of the bipartisan budget deal, the Senate's Defense appropriations bill provides the men and women of our Armed Forces with the resources they need to carry out their missions effectively and safely. This is a goal that Republicans and Democrats share as Americans, and I know that in working with our House counterparts, we can produce a good bill for our troops and our Nation.

Then there is the Senate's Labor, HHS, and Education appropriations bill. I think of the way Senator PATTY MURRAY has worked so hard with Republicans and Democrats—with all of us—to put together a bill that reflects the interests of all of the country.

Look at the investments in healthcare and education. It increases funding for the National Institutes of Health by $5 billion over fiscal year 2017. The NIH, the National Institutes of Health, is one of the treasures of America. It backs our commitment to increase access to higher education by increasing college affordability spending by $2.3 billion over fiscal year 2017. My family came to Vermont in the mid-1800s. I was the first Leahy to get a college degree—my sister, the second. Then, when our children came along and our grandchildren, we never doubted it; of course, they would go to college. Yet that is not the same for an awful lot of people in this country, so we need this bill. It also increases access to childcare by $3.2 billion over fiscal year 2017, and it invests nearly $3 billion to combat the opioid crisis that has plagued communities across this country.

The House did not follow the Senate's bipartisan efforts. The House produced a partisan Labor-HHS bill that shortchanged programs for working Americans and was loaded with poison pill riders that could never pass in this body—from attacks on the Affordable Care Act to restrictions on family planning.

My staff and Senator SHELBY's staff—several of us—have been working days and weeks and weekends, and we will continue to do that in order to work out these differences. The differences are challenging but are not insurmountable. The reason we have to have a compromise is we have to get 60 votes in the Senate, and with this hodgepodge of poison pills that the House has passed there are not 60 votes.

I have said many times that if we are to have a strong national defense, we need to have a strong economy, an educated and healthy citizenry, and an able workforce. The programs that are funded in the Labor, HHS, and Education appropriations bill are critical to doing that. The deep ties that run between defense and nondefense priorities make it fitting that we have packaged these two bills together, but they have to stay together if we are going to get them across the finish line by October 1. If they are decoupled, it will destroy the bipartisan process we have worked so hard to establish, and it will not go through. It is possible that the CR will be included in this bill, so it is essential that it be bipartisan and free of any controversial matter.

Again, the reason we have been so successful in this Senate in moving appropriations bills is that we have worked together. Chairman SHELBY as chairman and I as vice chairman have worked together. Republicans and Democrats alike who are on the Appropriations Committee have worked together. We have cooperated with each other. We have met over and over again. Each side has shown restraint in pursuing issues we have felt strongly about because to have done so would have imperiled the whole process. There are certain things that I would have liked in this bill, and there are certain things my Republican counterparts might have liked in the bill, but we all know that the bill would not have gone anywhere if we had done that. Instead, we have come together on those things that can pass. Both sides have had to trust the other, as we have done, so we could reach agreement to move these bills forward.

Let's finish what we have started in the way we started it—through bipartisanship and cooperation. That means the Defense and Labor-HHS bills must remain together in one package. We cannot drop one and finish the other. That is a nonstarter. Everybody knows that. It also means the Senate must stand together if the House insists on producing partisan conference reports that contain poison pill riders. They cannot pass. Finally, it means we have to remain committed to finishing all three packages of bills and sending them to the President.

If House Republicans decide to delay minibus No. 2 until after the election and drop the Labor, HHS, and Education bill from minibus No. 3, it will mean the $18 billion increase for Defense that is assumed in the bipartisan budget agreement will be enacted while the $18 billion increase of nondefense programs could be left in the dust—a clear violation of the bipartisan budget agreement that was based on parity between defense and nondefense programs agreed to by both Republicans and Democrats. I predict it could not pass.

Funding the government is one of our most basic constitutional responsibilities. Americans expect us to work together, as the U.S. Senate did, and across the aisle to reach agreement on these bills. The programs funded in these bills make a real difference in people's lives, and they should not be held up due to partisan differences. Let's do what we were sent here to do and pass these bills before the start of the new fiscal year. We can do it, and we have shown how to do it.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from Oregon.

NOMINATION OF BRETT KAVANAUGH

Mr. MERKLEY. Mr. President, the most important words of our Constitution are the first three—''We the People.'' It is the mission statement of our Nation—a nation of the people, by the people, for the people, as President Lincoln so eloquently stated, not a nation of, by, and for the powerful and the privileged.

Yet the powerful and the privileged are working overtime to undermine our Constitution. Ironically, they are using the courts to do it. We have seen it happening all week long as the Judiciary Committee has barreled ahead with hearings on Judge Brett Kavanaugh's nomination to the U.S. Supreme Court. This is the same Judge Kavanaugh whose record from 5 years of serving in a Presidential administration is still being hidden from the Senate and from the people of the United States of America.

For 5 years, Brett Kavanaugh had the ear of the President on a number of critical issues—on how we treat enemy combatants, conduct wars in Iraq and Afghanistan, use and expand Executive power through signing statements, or how the authorization for the use of military force is utilized. For 5 years, in the inner circle of America, he had been engaged in policy after policy after policy. Yet Chairman GRASSLEY and the committee Republicans are unwilling to allow that record of insights on his views to be shared with Senators under advice and consent responsibility.

Then there is this parallel process in which the documents that are being made available are first being vetted by Bill Burck. Who is Bill Burck? He is a partisan Republican lawyer who used to work for the nominee. He is the one who has the final say over what the Senate sees. He is the one who has the final say over what documents are released, not just to the Senate but to the American people.

He is the one who decided to release 42,000 pages of documents—not the ones from those 5 years we are talking about—just hours before the hearing began. Who could possibly review 42,000 pages the evening or the night before the hearing occurs? It is humanly impossible. There we are with a process normally headed by the nonpartisan National Archives, which is still trying to do its work but can't do its work until the end of October to vet these

documents. So instead of nonpartisan public servants vetting the documents, we have a partisan Republican lawyer, who worked for the nominee, deciding what we are going to see in the U.S. Senate, what the public and the United States is going to see. This is not transparency. This is censorship, and censorship is absolutely wrong in numerous contexts but particularly in intervening with the responsibility of the Senate.

Instead of integrity, we have deceit. Instead of honoring advice and consent responsibility, we are dishonoring that fundamental constitutional role. This is a rigged system, completely and absolutely rigged through the censorship of the documents we see and the blockade for the documents we need.

As Kristine Lucius, who is a former Judiciary Committee staff director who worked on half a dozen Supreme Court nominees, said, this process is ''not just breaking the norms. It, frankly, is bordering on absurdity.'' Absurdity, censorship, a complete failure of integrity, that is what is happening right this moment during the U.S. Senate's deliberation of the Supreme Court nominee.

Not long ago, there was a time when my Republican colleagues argued for a full, transparent examination of a nominee's record before the Senate could consider the nomination. When Justice Kagan was nominated 8 years ago by President Obama, Members of this body, my Republican colleagues, said: We stand for the principle of transparency. They said: We need the full record of the nominee's White House service.

Chairman GRASSLEY said on the Senate floor: ''In order for the Senate to fulfill its constitutional responsibility of advice and consent, we must get all of her documents from the Clinton Library and have enough time to analyze them so we can determine whether she should be a Justice.''

That was the Kagan standard articulated by my Republican colleagues and shared by my Democratic colleagues, a standard that was nonpartisan, a standard that was bipartisan, and a standard that was supported by Republicans and Democrats for the nomination process for a Supreme Court Justice.

The Kagan standard is one Democrats supported under a Democratic President and a Republican President. That is called integrity. That is called principle. What we have today is my Republican colleagues saying: We supported transparency under a Democratic President, but we support censorship and the blockade of documents under a Republican President. That is the opposite of principle. That is the opposite of integrity. The Kagan standard, supported by both sides just a couple of years ago, should be the standard we all support today.

We can't fully evaluate Kavanaugh's record if we don't have the full record of his involvement on so many issues during his time working in the executive branch.

Hearings are supposed to give us a chance to get at some of those issues, but what have we heard? Well, we heard the same, tired, obligatory responses, such as: I will be a judge who calls balls and strikes. We have heard that before, and then we have seen the rightwing judicial activists legislating from the bench on issue after issue after issue—on workers' rights, on environmental rights, on consumer rights, on reproductive rights. We know it is ''umpire'' before you get there, and then suddenly it is a desire to implement a far-right, anti-American, anti-Constitution philosophy of control by the powerful and privileged, undermining the core principle of the Constitution of the United States of America.

What else have we heard from Judge Kavanaugh? We have heard: Well, that is settled law. That is, perhaps, the most artificial, phony response we can possibly hear. Why is it artificial and phony? Because when you are on the Supreme Court, the decisions you make become the interpretation. You either reinforce or you unsettle, but you have no obligation to follow what the courts have done before.

The Roberts Court has overturned ''settled precedents'' time after time after time, and for a nominee of the Supreme Court to pretend that isn't the case, it means either he is ignorant or deliberately deceptive. I don't think Judge Kavanaugh is ignorant. He knows the record. He knows the Supreme Court changes prior precedents. He knows they change ''settled law,'' and so to evade an issue saying, well, that is settled, is simply to be deceptive.

Sometimes, in addition to the hearings, we learn some information through a nominee's meetings with Senators, but Judge Kavanaugh has refused to answer even the most basic questions about his jurisprudence, said Senator SCHUMER, following his own meeting with the nominee.

Senator SCHUMER went on to say that Mr. Kavanaugh refused to say if Roe v. Wade or Casey v. Planned Parenthood were correctly decided because that would actually be to indicate some sense of one's judicial view, and we are getting nothing.

As Senator SCHUMER said, he couldn't ''recall his level of involvement in a number of controversies during his time in the Bush White House.'' Here is a thought: If we get the records on his involvement in the Bush White House, we will actually know what his thoughts were, and maybe we can jog his memory that he so carefully and conveniently lost somewhere along the way. The American people deserve integrity in this process, and we are not getting it.

We do know a fair amount from his previous public decisions. We know he likes to legislate from the bench against workers, against consumers, against clean air, and against clean water. We know he doesn't believe healthcare is a fundamental right in the United States. We know he wants to strike down Roe v. Wade. We know he has a view of the Presidency that is appropriate for a King and a kingdom but not for a President and a republic.

He has this extraordinary view of Presidential power. He doesn't believe a President can be indicted. He doesn't believe a President can even be investigated. He believes a sitting President can choose to ignore laws passed by Congress if the President says they are unconstitutional, even if the court has said they are constitutional.

Think about that for a moment. Here is a judge saying he believes the President can ignore what the courts say is constitutional and unconstitutional. You can't get more expansive Presidential power than that.

So why was Judge Kavanaugh chosen off of this list of 25 individuals? The answer is pretty clear. It is because he is the one who can write a ''get out of jail free'' card for the President of the United States—our President, who is under investigation. He is under investigation for colluding with foreign powers and flaunting our laws to win a national election. His former campaign chairman has been found guilty on eight different criminal charges. His former lawyer and fixer pled guilty to eight criminal charges and testified, as directed, to make illegal campaign payments at the direction of—drumroll, please—a candidate for Federal office. Who is this candidate for Federal office? None other than President Donald Trump—President Donald Trump, directing a felony crime.

When one hasn't been indicted in that situation, it is referred to as an unindicted coconspirator. The Watergate grand jury used that term, ''unindicted coconspirator,'' to describe the role President Nixon played in that national scandal, and it fits perfectly with the role President Trump is playing today.

To say that a dark cloud of corruption hangs over this administration and hangs over this nomination would be a massive understatement. Until that cloud is lifted and until this President is cleared, this nomination should not be considered by this body.

We have already seen that my colleagues have flipped their position from having a Democratic President to a Republican President. They have turned transparency into censorship. They have taken the Kagan standard and trashed it. We cannot act as if all is well in the Republic. We cannot act as if everything is normal. We cannot act as if this is any other nomination put forward by any other President because it is not.

It should be clear to all of us that this nomination should not go forward until the Mueller investigation is concluded. I know my colleagues are not prepared to take that stand, but surely we can agree that the Senate cannot

perform its advice and consent while our hands are tied by a partisan vetting process, hiding hundreds of thousand documents from the Senate and from we the people.

I call upon my colleagues to rise from this low point of censorship and the trashing of the responsibility of advice and consent. Stand up for the same principles you stood up for just a couple of years ago, when you demanded the full record for the Senate to undertake its investigation into a nominee. Bring courage and integrity into this process. Publicly refuse to proceed until we the Senate and we the people have the full set of documents about this individual's records. To do any less is to bring shame and injustice upon this body that I believe in so strongly, a responsibility of advice and consent that I believe in so strongly, and a responsibility that my colleagues believed in so strongly just a couple of years ago.

Let's stand together, as we stood together just a couple of years ago, Democrats and Republicans, demanding transparency and integrity. Let this not be the moment when my colleagues fail to uphold their constitutional responsibilities.

Thank you.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, first, I would like to comment briefly on the last two speeches. The first was from Senator LEAHY. He talked about the appropriations process. I commend him, as I did on the floor today in person, for the work he has done with Senator SHELBY and others to actually move these appropriations bills, these spending bills, through the process. For the first time in a couple of decades, we have the opportunity to actually get our work done. It is incredibly important for all the right reasons, including having proper oversight of the Federal agencies and departments. He deserves credit for that.

My colleague from Oregon just talked for a moment about the Kavanaugh hearings. He talked about the fact that he believes there is not enough information out about Brett Kavanaugh. Let me just say this. There has never been more information about any nominee to the Supreme Court, ever, in the history of our country. In fact, there are more pages of documents that have been provided on Brett Kavanaugh than for the past five Supreme Court confirmations combined—over 450,000 pages.

Maybe my colleagues who raised these concerns decided a long time ago they were going to vote no and said they are and that is fine, but I don't think you can blame it on the fact that there isn't enough documentation.

I know what they went, and I understand why they would want it. What they want is the documents that went through his office when he was Staff Secretary, which is a job at the White House where you are kind of like the traffic cop, where everything that goes into the Oval Office and everything that comes out is coordinated and disseminated properly. But those weren't his documents. Yes, it is not appropriate to see all of those documents. That would be, by the way, millions of additional pages—millions. But the 488,000 pages that have been provided—including all of the documents from his legal positions where he was a judge, where he was an associate counsel in the White House—those have all been provided. That is good, and we should look at them and look at them carefully.

It is not about the documents. It is about some fundamental differences about philosophy. I like his philosophy. He says that you shouldn't legislate from the bench and that you should be independent as a judge and be fair.

He is totally qualified. The American Bar Association is sometimes criticized by Republicans as being too far to the left. It just said that he is ''eminently qualified.'' In fact, they gave him their highest rating, and they gave it unanimously. This just happened last Friday. Not everybody knows this. This person is not just qualified. I believe he is as qualified as anybody in the country to be on the U.S. Supreme Court. I am looking forward to having the opportunity to have this vote here on the floor. I hope it can be bipartisan, as it has been for the nominees that President Obama brought forward, including then-Solicitor General Kagan and Judge Sotomayor. They were big bipartisan votes. Let's get back to that when somebody is as qualified as this candidate clearly is.

OPIOID EPIDEMIC

Mr. PORTMAN. Mr. President, I wish to speak about this issue of opioids and the crisis our country faces.

Just in the last couple of weeks we have gotten reports from the Centers for Disease Control from last year's data on overdoses and deaths: 72,000 Americans lost their lives to overdoses last year from drugs. Most of those were from opioids. This is heroin, prescription drugs, and, now, these synthetic opioids—72,000 Americans.

In the wake of that, it is encouraging to me to hear the Senate talking about the possibility of bringing a package of legislation to the floor that will help to push back against this crisis and begin to turn the tide. We have to do it—not just talk about it. We have to act because this crisis is upon us and is very real.

These new efforts that we should move forward on would build on what this Senate has already done with regard to the Comprehensive Addiction and Recovery Act, or the CARA legislation, which is now being implemented in my State of Ohio and around the country. There is also the Cures legislation, or the 21st Century Cures Act. It has some additional provisions that allow States to take funding and use it to fight this opioid addiction. That is smart. There are smart ways for us to fight this opioid epidemic. We know that, and we are beginning to do that.

At the Federal level we can play a role in this, among other things, by taking better practices from around the country and ensuring they are being used back home in our States. I have seen this firsthand because I have been around the State of Ohio a lot since this legislation actually passed. I have actually visited more than a dozen grant recipients of CARA and Cures grants to see what they are doing and then spreading that around to other communities—maybe communities that haven't been able to get the grants but want to see something innovative to be able to push back.

Last Friday I visited Hope Village Recovery Center in Portage County, OH. They received more than $500,000 in CARA funding to expand a badly needed medication-assisted treatment program. They decided to look at this in a very comprehensive way, and it is working. They are getting people who normally wouldn't step up for treatment to come for treatment, and their success rate for getting people through treatment and not relapsing is relatively high. That is so important right now, because if you don't get people into treatment with an addiction, which is a disease, you are not going to be able to solve this problem.

The comprehensive approach includes treatment, counseling, outpatient treatment, aftercare services, peer support—and these are coaches who are in recovery themselves, and that is very effective—and transportation services to get people back and forth. This holistic approach is what we need to help people begin to heal, get over their addiction, get back to their families, back to work, and back to achieving their God-given purpose in life, which is not to be an addict using these drugs.

Last week I also visited CommQuest Recovery Services in Stark County, OH, to see their new program, an innovative program called the ''mom and me program.'' These are moms who want to help to get over their addiction. They are struggling. This program allows them to come on board to this facility that I got to see, to be able to have some of the loving support and care from people around them, but also to have their kids come with them. This is very unusual. Very few treatment centers in the country allow children to come into the treatment program. We have found through evidence-based programs looking at this that, in fact, if you allow the kids in there and there is proper supervision, it helps. It helps the mothers heal. It helps the kids to be able to heal.

So this is an innovative program that I think is going to end up with great results. They are just getting started on it, but it is going to foster the kind of success that we want to see.

Programs like these are working. Yet the epidemic seems to be getting

worse. Why is that? Well, because we need to do more of this evidence-based stuff. We need to be sure that every community has the opportunity to provide treatment because a lot of people still can't get treatment. We need to encourage people not to go down this funnel of addiction by much more effective and stronger prevention and education programs. There are things we have to do.

CARA 2.0, or the Comprehensive Addiction and Recovery Act 2.0, is how it was introduced. That legislation that I have introduced will ensure that those programs that are working get additional help so that the States can do even more by leveraging some of these Federal dollars to be able to do more with the private sector and with the States to be able to turn this tide of addiction.

I talked about the 72,000 lives lost last year. That was a record number. Here is a map of the States. This is a map of the changes in overdose deaths from last year. If it is a purple or blue State, that means they are doing a little better. Look at this map. Almost every State, unfortunately, is not purple or blue. These States that are tan and brown, like my home State of Ohio, indicate an actual increase in opioid deaths last year.

Why is this? I think one of the main reasons for this is because there is a new danger afoot. There is a new surge in drugs. It is very powerful. It is 50 times more powerful than heroin. It is very inexpensive. It is coming primarily from China and coming primarily through our U.S. Postal Service, if you can believe it. It is called synthetic opioids. Fentanyl is the name that most of it is called. Some of it is called Carfentanil and other derivatives, but this fentanyl—this synthetic opioid—is now the biggest problem we have in our States. This is the growing crisis.

Here is a chart that shows what has happened just since 2015 until now. It shows that, in fact, methamphetamines, other opioids, heroin, cocaine are all relatively flat. But look at this big increase. The big increase is with synthetic opioids. When you look at those 72,000 deaths from last year, the majority of them were from opioids. Again, increasingly, it is from these synthetic opioids.

What I hear on the frontlines in Ohio—whether it was at this Hope Village Recovery Center that I talked about or the CommQuest facility—is that unless we combat that influx of fentanyl, we are not going to be able to turn the tide, because despite some of the good programs and the good work that is being done with these programs, we are being overrun with fentanyl.

Over the past week alone, in the Columbus, OH, area, the Franklin County coroner has handled 18 overdose deaths, and 5 were within 24 hours. There were 18 deaths, and 5 were within 24 hours. Imagine that. The cause, the coroner suspects, is fentanyl. If you look at some of these deaths that we talked about, the 72,000—or even deaths that occurred to people who thought they were taking cocaine or methamphetamine or something else—often it is because the fentanyl has been sprinkled into these drugs and the fentanyl is what is causing the overdoses and the deaths. It is 50 times more powerful, as I said, and that is the new scourge of the opioid epidemic.

From 2013 to 2017, fentanyl overdose deaths have increased nationally by 850 percent.

As coroners' reports for 2017 continue to come in throughout my home State of Ohio, fentanyl now appears to be involved in two-thirds of the deaths in Ohio. So those are record numbers, and two-thirds are from fentanyl. That is consistent with what I am hearing on the frontlines.

Unbelievably, we know where it is coming from, and we are not doing enough to stop it. It is being made in laboratories in China, primarily, and in other countries and shipped into the United States through our own U.S. Postal Service, a government agency. We conducted an 18-month investigation into this issue in the subcommittee that I chair called the Permanent Subcommittee on Investigations. We did a thorough study. We had undercover people working with us. We went on the websites to find out what is happening. We found out how easy it is to purchase fentanyl online and have it shipped to the United States.

Based on our undercover investigation, these drugs can be found through a simple Google search, and overseas sellers we accessed through an undercover investigator essentially told us they will guarantee the delivery if this poison is sent through the U.S. Postal Service. They will not guarantee it if it goes through a private carrier like UPS, FedEx, or DHL.

Why is that? It is because the private carriers are required to provide law enforcement with big data, or electronic data, in advance as to what the packages are, where they are coming from, where they are going, and what is in them. Law enforcement can then use big data, use their algorithms, figure out which packages are suspect, and get them off the line. I have seen it. I have been in those facilities. I have seen big packages being taken off and, therefore, lives being saved. At a minimum, this will increase the cost on the street.

What is the ultimate answer to this? It is prevention, education, a change in our hearts and in our families, better treatment so that people who have this disease can get the treatment just like another illness they might have, and dealing with this issue of longer term recovery, which leads to more success in treatment.

Those are all essential, but right now we have to put a tourniquet on this, folks. We have to stop the fentanyl from flooding into our country. Look at what it is doing. There is an 850-percent increase.

The information tells law enforcement what they need to be able to pull these packages off if it is provided. Yet, unbelievably, all of the private carriers are required to do it and have been since 9/11.

The post office has been spared. The thought was that the post office should study the issue. Well, I am waiting for the report.

Meanwhile, because of pressure from the Congress, the U.S. Postal Service is starting to look at some of these packages. Last year, they now testified before us in the subcommittee, they did receive data on about 36 percent of the international packages—not 100 percent as these other carriers have to do, but 36 percent. But that means that more than 318 million packages—318 million packages—are coming in with little or no screening at all and without this data.

Even when the post office conducted a pilot program to screen for these drugs, by the way, 80 percent of the time, they testified, these packages that were targeted by Customs and Border Protection were able to be pulled off, but 20 percent of the time they did not get the information to law enforcement. Also, in many cases, the information provided was not useful to law enforcement.

So we need to ensure it is 100 percent of these packages. We need to ensure that all of this information is getting to law enforcement, and we need to be sure that the information is useful and legible.

The bipartisan STOP Act is actually an answer to this. The STOP Act is very simple. My coauthor of the STOP Act is Senator AMY KLOBUCHAR from Minnesota. As we have both said, this is a simple, commonsense, and, quite frankly, long overdue reform. It simply says: Let's hold the post office to the same standard to which we hold these private carriers. Let's say they have to provide this data to law enforcement so that we can begin to address this issue and push back to keep this poison out of our communities.

This bill has been approved for a floor vote on the Republican side. I think it is very close to being approved for a floor vote on the Democratic side. We are very close to a consent agreement to get this broader opioids package I talked about to the floor as well.

I am very pleased that we are taking up that package this month. We need to ensure that whatever concerns people have, they are very frank about it. We have to get the politics out of this, folks. We have to be sure that we are moving forward, as we have been able to do on the CARA legislation and the CURES legislation, not just on a bipartisan basis but on a nonpartisan basis, because this scourge is affecting all of our constituents and it is one that we have to address here at the Federal level to help our States, to help our communities, and to help our families to be able to respond.

The broader opioid package we talked about would include the STOP

Act, but it also would include some other important legislation. It will include a number of provisions from CARA 2.0, such as national recovery housing standards and recovery support programs for high school and college students struggling with addiction, which have worked really well in Ohio. It will include $60 million for a plan of safe care for babies who are born dependent on substances. These babies are born with what is called neonatal abstinence syndrome. These are innocent, small babies who are often born premature.

I have been in neonatal units around our hospitals in Ohio, and I have seen these babies. It is so sad. They have to be taken through withdrawal as tiny babies. We need to ensure that we do a better job of preventing this by working with the moms as they become pregnant and by ensuring that these kids get the help they need.

It also includes the CRIB Act, bipartisan legislation that would help newborns suffering from addiction recover in the best care setting and provide support for their families.

Again, this has been bipartisan. I have worked with Members on both sides of the aisle on the CRIB Act. It helps to ensure that these babies, when they are born with this neonatal abstinence syndrome, can get the care they need. It is working for these organizations that are doing it, but they need help—specifically, Medicaid reimbursement that they cannot get currently.

The bill also reauthorizes a number of other important programs that have a proven record of success, like the Office of National Drug Control Policy, drug courts, drug-free communities prevention grants, and the high-intensity drug trafficking areas grants, where law enforcement is focusing on drug interdiction in some of the worst areas of our country for drug use and drug addiction.

The STOP Act must be part of that Senate bill, as well, because, again, anything we offer to help deal with this issue of opioids has to include stopping the fentanyl from coming in.

It is time for Congress to move. This should be noncontroversial. It is common sense. We know where these drugs are coming from, we know they are devastating our communities, and we know how we can stop this deadly trend. Let's pass the STOP Act. Let's pass this broader opioid package as soon as possible.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. PORTMAN. Let's give Americans who are fighting addiction a chance to live up to their God-given potential.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination which the clerk will report.

The legislative clerk read the nomination of Marilyn Jean Horan, of Pennsylvania, to be United States District Judge for the Western District of Pennsylvania.

Thereupon, the Senate proceeded to consider the nomination.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Horan nomination?

The nomination was confirmed.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the next nomination.

The legislative clerk read the nomination of William F. Jung, of Florida, to be United States District Judge for the Middle District of Florida.

Thereupon, the Senate proceeded to consider the nomination.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Jung nomination?

The nomination was confirmed.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the next nomination.

The legislative clerk read the nomination of Kari A. Dooley, of Connecticut, to be United States District Judge for the District of Connecticut.

Thereupon, the Senate proceeded to consider the nomination.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Dooley nomination?

The nomination was confirmed.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the next nomination.

The legislative clerk read the nomination of Dominic W. Lanza, of Arizona, to be United States District Judge for the District of Arizona.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Lanza nomination?

Mr. WHITEHOUSE. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from North Carolina (Mr. BURR), the Senator from Kansas (Mr. MORAN), and the Senator from Georgia (Mr. PERDUE).

Mr. DURBIN. I announce that the Senator from California (Ms. HARRIS) and the Senator from Florida (Mr. NELSON) are necessarily absent.

The PRESIDING OFFICER. (Mr. HELLER). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 60, nays 35, as follows:

[Rollcall Vote No. 203 Ex.]

YEAS—60

Alexander	Flake	McCaskill
Barrasso	Gardner	McConnell
Blunt	Graham	Murkowski
Boozman	Grassley	Paul
Capito	Hatch	Portman
Cassidy	Heitkamp	Reed
Collins	Heller	Risch
Coons	Hoeven	Roberts
Corker	Hyde-Smith	Rounds
Cornyn	Inhofe	Rubio
Cotton	Isakson	Sasse
Crapo	Johnson	Scott
Cruz	Jones	Shelby
Daines	Kennedy	Sullivan
Donnelly	King	Tester
Duckworth	Kyl	Thune
Durbin	Lankford	Tillis
Enzi	Leahy	Toomey
Ernst	Lee	Wicker
Fischer	Manchin	Young

NAYS—35

Baldwin	Hassan	Schatz
Bennet	Heinrich	Schumer
Blumenthal	Hirono	Shaheen
Booker	Kaine	Smith
Brown	Klobuchar	Stabenow
Cantwell	Markey	Udall
Cardin	Menendez	Van Hollen
Carper	Merkley	Warner
Casey	Murphy	Warren
Cortez Masto	Murray	Whitehouse
Feinstein	Peters	Wyden
Gillibrand	Sanders	

NOT VOTING—5

Burr	Moran	Perdue
Harris	Nelson	

The nomination was confirmed.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the next nomination.

The senior assistant legislative clerk read the nomination of Charles J. Williams, of Iowa, to be United States District Judge for the Northern District of Iowa.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Williams nomination?

Mr. MENENDEZ. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from North Carolina (Mr. BURR), the Senator from Tennessee (Mr. CORKER), the Senator from Texas (Mr. CRUZ), the Senator from Montana (Mr. DAINES), the Senator from Oklahoma (Mr. INHOFE), the Senator from Kansas (Mr. MORAN), and the Senator from Georgia (Mr. PERDUE).

Mr. DURBIN. I announce that the Senator from Florida (Mr. NELSON) and the Senator from New Hampshire (Mrs. SHAHEEN) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 79, nays 12, as follows:

[Rollcall Vote No. 204 Ex.]

YEAS—79

Alexander	Flake	Murphy
Baldwin	Gardner	Murray
Barrasso	Graham	Paul
Bennet	Grassley	Portman
Blumenthal	Hassan	Reed
Blunt	Hatch	Risch
Boozman	Heinrich	Roberts
Brown	Heitkamp	Rounds
Cantwell	Heller	Rubio
Capito	Hirono	Sasse
Cardin	Hoeven	Schumer
Carper	Hyde-Smith	Scott
Casey	Isakson	Shelby
Cassidy	Johnson	Smith
Collins	Jones	Sullivan
Coons	Kaine	Tester
Cornyn	Kennedy	Thune
Cortez Masto	King	Tillis
Cotton	Klobuchar	Toomey
Crapo	Kyl	Udall
Donnelly	Lankford	Van Hollen
Duckworth	Leahy	Warner
Durbin	Lee	Whitehouse
Enzi	Manchin	Wicker
Ernst	McCaskill	Young
Feinstein	McConnell	
Fischer	Murkowski	

NAYS—12

Booker	Menendez	Schatz
Gillibrand	Merkley	Stabenow
Harris	Peters	Warren
Markey	Sanders	Wyden

NOT VOTING—9

Burr	Daines	Nelson
Corker	Inhofe	Perdue
Cruz	Moran	Shaheen

The nomination was confirmed.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the next nomination.

The senior assistant legislative clerk read the nomination of Robert R. Summerhays, of Louisiana, to be United States District Judge for the Western District of Louisiana.

Thereupon, the Senate proceeded to consider the nomination.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Summerhays nomination?

The nomination was confirmed.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the next nomination.

The senior assistant legislative clerk read the nomination of Eric C. Tostrud, of Minnesota, to be United States District Judge for the District of Minnesota.

Thereupon, the Senate proceeded to consider the nomination.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Tostrud nomination?

The nomination was agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the next nomination.

The senior assistant legislative clerk read the nomination of Alan D. Albright, of Texas, to be United States District Judge for the Western District of Texas.

Thereupon, the Senate proceeded to consider the nomination.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Albright nomination?

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motions to reconsider are considered made and laid upon the table.

The President shall be immediately notified of the Senate's actions.

The majority leader.

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. I move to proceed to executive session to consider Calendar No. 1013.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Charles P. Rettig, of California, to be Commissioner of Internal Revenue for the term expiring November 12, 2022.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Charles P. Rettig, of California, to be Commissioner of Internal Revenue for the term expiring November 12, 2022.

Mitch McConnell, Joni Ernst, John Boozman, Shelley Moore Capito, Johnny Isakson, David Perdue, Roger F. Wicker, John Hoeven, John Cornyn, Mike Rounds, Orrin G. Hatch, Roy Blunt, John Barrasso, Deb Fischer, Rob Portman, Thom Tillis, Tom Cotton.

Mr. MCCONNELL. I ask unanimous consent that the mandatory quorum call be waived.

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to legislative session for a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

GUATEMALA

Mr. LEAHY. Mr. President, the decision, announced last Friday, by Guatemalan President Jimmy Morales to not renew the International Commission Against Impunity in Guatemala, CICIG, after its current term expires next September, was a profound mistake.

That mistake was further compounded on Tuesday when the government announced that the CICIG Commissioner, Ivan Velasquez, a respected Colombian jurist, had been summarily declared a ''national security threat'' and barred from reentering the country. That is the kind of fear-provoking mischaracterization one might expect from an authoritarian government that will use any outlandish justification to silence its critics but not from a democracy.

I urge President Morales to reconsider and to reverse these actions for the benefit of the Guatemalan people, in the interests of justice and on behalf of Guatemala's relations with the United States and its international reputation. There may still be time to turn this political and judicial crisis into a positive outcome for the country.

At the time of his public announcement to not renew CICIG, President Morales was joined on the podium by dozens of uniformed military and police officers. At the same time, military vehicles carrying officers armed with heavy weapons—vehicles provided by the United States for legitimate law enforcement purposes—lined the street in front of CICIG's office. They also drove past the Constitutional Court and the U.S. Embassy. It was an intimidating display reminiscent of the 1970s and 1980s, and the intended message was clear: The commanders of Guatemala's security forces—which in recent years have been reliable partners with the United States—have sided with those in power to shut down the only credible mechanism for combating the corruption and impunity that plague that country.

Not yet determined is the fate of CICIG's 45 or so international lawyers and investigators, whose work permits have expired. If Commissioner Velasquez is not allowed to return and CICIG's other employees are forced to leave the country, CICIG will, for all practical purposes, cease to exist.

President Morales's decision to do away with CICIG in a manner that the U.N. Secretary General says ''does not appear to be consistent with the Agreement on the establishment of CICIG'' was reportedly precipitated by a decision of the Supreme Court, days earlier, to refer to Congress a petition by the Attorney General and CICIG to lift President Morales's immunity for violating campaign financing laws. It appears that President Morales is more

concerned with his own legal vulnerability and that of his supporters than upholding the institutions of justice.

It is also increasingly apparent that this attack on CICIG is only part of a broader attempt that has been gaining steam over the better part of a year to destroy the independence of the constitutional court, weaken civil society, intimidate human rights defenders and journalists, and undermine the rule of law. It is an existential confrontation between the forces of corruption and impunity and Guatemala's fledgling judicial institutions.

Ever since CICIG was established 11 years ago to help combat the pervasive corruption, infiltration by organized crime, and near total impunity in Guatemala, the State Department and the U.S. Embassy have consistently supported CICIG, as have Republicans and Democrats in Congress. We are all familiar with the historical links between organized crime, drug traffickers, Guatemala's security forces, and public officials. It has been widely recognized by the Guatemalan people that, because of CICIG and Guatemala's Public Ministry, working together, the cause of justice—including convictions of corrupt senior government officials—has been significantly enhanced. Without CICIG, these achievements would not have been possible.

On Saturday, September 1, Secretary Pompeo responded to President Morales's announcement with a bizarre tweet that did not even mention CICIG. Instead, the Secretary expressed appreciation for Guatemala's ''efforts in counternarcotics and security.'' That is a bit like being told that the courthouse is on fire and responding that the stock market is up. The State Department should condemn what is occurring in Guatemala, reaffirm its support for CICIG and Commissioner Velasquez, and make clear that corrupt Guatemalan officials will be sanctioned under U.S. law. Otherwise, it will share complicity in the unraveling of years of U.S. investment in CICIG and in judicial and law enforcement reform in Guatemala.

Perhaps the State Department is worried that, if President Morales is prosecuted and convicted of campaign financing violations and removed from office the way his predecessor was, U.S. security cooperation with Guatemala might suffer. What it really should be worried about is what will happen to the fight against corruption and organized crime if President Morales succeeds in dismantling CICIG. If the country loses its most effective anticorruption institution, the progress that has been made in recent years in strengthening the rule of law is likely to be reversed, allowing drug cartels and other criminal organizations to grow unchecked. This is particularly alarming with national elections in Guatemala scheduled for next year. The integrity of Guatemala's democratic process—not simply the survival of CICIG—is threatened by the corrupt influences of organized crime.

Like any institution, CICIG is not without imperfections. Several constructive reforms have been proposed, and I have encouraged CICIG, the United Nations, and the Guatemalan Government to find a way forward that strengthens oversight and transparency while preserving CICIG's mandate and protecting the Commissioner from political interference. While that process has been eclipsed by recent events, there is still time to resurrect it. The United Nations, the United States, other governments that have supported CICIG, and the Guatemalan Government should urgently resume discussions to achieve such a solution.

Ultimately, if other attempts fail, the future of CICIG, of its Commissioner and employees, and of the rule of law in Guatemala—not just under President Morales who has just over a year left to serve but also in the years ahead—will be in the hands of the Guatemalan people, the judiciary, and the Congress. As a former prosecutor and the senior member of our Judiciary Committee, I have long recognized that an independent judiciary is a cornerstone of democratic government. It is what gives practical meaning to the phrase ''rule of law,'' which is fundamental to strengthening democracy. To its credit, Guatemala's constitutional court has displayed that independence in the past. That independence is needed today.

As a result of President Morales's actions, security cooperation with Guatemala and loans from international financial institutions are now in jeopardy. That is not in the interests of Guatemala or the United States. Recognizing what is at stake and in support of the courageous Guatemalans who are defending the Constitution and the rule of law, I will not support the expenditure of U.S. funds for assistance for the Guatemalan Government under the Alliance for Prosperity, including for the military and police forces, until the fate of CICIG and Commissioner Velasquez is satisfactorily resolved.

TRIBUTE TO KATHERINE JOHNSON

Mr. MANCHIN. Mr. President, Today I wish to honor a White Sulphur Springs native who not only completed groundbreaking work at NASA during the space race, but who also broke the barriers of race and gender during a critical time in our Nation.

Katherine Coleman Goble Johnson was blessed with a natural talent for mathematics which far exceeded that of her peers. By the age of 13, Katherine was already attending high school on West Virginia State College's campus where, in 1937, she received a B.S. in both mathematics and French.

In 1939, when West Virginia began to integrate its graduate schools, West Virginia State's president, Dr. John Davis, personally selected Katherine and two male students as the first African-American students to attend West Virginia University.

After starting a family, Katherine found work at the West Area Computing section of the National Advisory Committee for Aeronautics' Langley laboratory, headed by fellow West Virginian Dorothy Vaughan. The 1957 launch of the Soviet satellite, Sputnik, changed history—and Katherine's life. Her work on the equations to describe an orbital spaceflight in which the landing position of the a spacecraft is specified led to Katherine being the first woman recognized as an author of a report from the flight research division.

As NASA prepared for the orbital mission with John Glenn in 1962, Katherine was famously asked to run the orbital equations controlling the Friendship 7 trajectory by hand in case of a mechanical computing error. Katherine has recalled John Glenn saying that, if she said the numbers were good, then he was good to go. The mission was a success and marked a tremendous turning point in the competition between the United States and the Soviet Union in space.

Katherine's story inspired the book, ''Hidden Figures,'' by Margot Lee Shetterly and also the Oscar-nominated film of the same name.

Recently, 46 of my colleagues and I introduced the Hidden Figures Congressional Gold Medal Act, which would award Congressional Gold Medals to Katherine, Dorothy Vaughan, Mary Jackson, and Dr. Christine Darden in recognition for their contributions to NASA's success during the space race. In 2015, President Obama awarded her the Presidential Medal of Freedom, America's highest civilian honor.

A bronze statue in Katherine's honor now stands on the campus of West Virginia State University. It is my hope that the students who pass it every day will be reminded of Katherine's legacy and will be inspired to keep their passion for knowledge alive.

Every one of our female leaders in West Virginia are the epitome of strength, leadership, and advancement in their fields. They serve as inspiring role models for the next generation, and that is due in great part to the women who broke ground in generations past. Because of the accomplishments of intellectual leaders such as Katherine, more young women have and will blaze their own trails in the fields of science, math, engineering, and technology and will continue to make our State and entire Nation proud.

It is an honor to recognize Katherine's legacy and to wish her the very best as we celebrate her 100th birthday.

TRIBUTE TO ANNE HOUSER

Mrs. MURRAY. Mr. President, as ranking member on the Senate Appropriations Subcommittee on Labor,

Health and Human Services, Education, and Related Agencies, I would like to recognize a public servant deeply committed to protecting and improving the health of the American people, Ms. Anne Houser. Anne will retire in January, after a distinguished 48–year career at the National Institutes of Health, where she has for many years been the principal liaison with the Appropriations Committees.

Over the course of her career, Anne has worked for eight NIH Directors, performing the essential but often overlooked role of helping the committees understand the agency's research and funding needs. It is the kind of low-key work that takes place behind the scenes, but has been essential to building the case in Congress for sustained increased investment in medical research. No matter the issue, or the time of the day or night that it might arise, Anne has always been there, supporting the case for research that will help lead to cures. Her honest, thoughtful, and helpful advice has been valuable to me and to everyone with whom she worked. In short, Anne has set the gold standard for how agencies can most effectively work with the committees that oversee them.

Both within NIH and in Congress, Anne is recognized as a consummate professional and an independent thinker who understands the issues, gets to the bottom of problems, and communicates those issues clearly to Members of Congress, our staff, and to the researchers she works with. Thanks to the dedication of Anne, not only is the NIH working better, but Americans are better off as well. Her absence will be a loss for everyone who depends upon her, but I am glad that she will have more time to spend with her friends and family, and especially her grandson, Alex, of whom she is so proud.

ADDITIONAL STATEMENTS

TRIBUTE TO VETERANS OF THE 116TH COMBAT ENGINEER BATTALION

● Mr. CRAPO. Mr. President, my colleague Senator JIM RISCH joins me today in paying tribute to the veterans of the 116th Combat Engineer Battalion in recognition of the battalion's 50-year grand reunion.

In 1968, the 116th Combat Engineer Battalion deployed to Vietnam. The battalion was made up of approximately 800 Idaho National Guard soldiers from National Guard companies based in Idaho. The soldiers' tasks included clearing and repairing roads.

The soldiers who served in the 116th Battalion were an integral part of the war effort. They have been credited with swiftly and effectively reconstructing airfields, building bases, clearing thousands of acres of minefields and jungle, constructing thousands of square feet of buildings and bridges, moving critical supplies and equipment, providing access to water, and more. Their legacy of outstanding, dedicated service remains a hallmark of the battalion.

Veterans who served in the battalion are gathering in Idaho Falls on September 14–15, 2018. As they join with their fellow veterans and family and share memories and life experiences, we thank them for their service to our Nation. We wish veterans of the 116th Combat Engineer Battalion, your families, and loved ones all the best for an enjoyable reunion and honor you for your remarkable service to our country.●

TRIBUTE TO CHARLES GARLAND SCHWAB

● Mr. DAINES. Mr. President, I have the honor of recognizing Charles Garland Schwab, a World War II Veteran, and a man who is ever grateful to celebrate his 100th birthday on October 6, 2018. Charles Garland Schwab was born to homesteaders in the Big Snowy Mountains, southeast of Lewistown, MT. He grew up on that homestead, and in 1940, he married his wife Thelma.

Charles was drafted into the U.S. Army in January of 1944. After basic training and a bout with pneumonia, he joined his fellow soldiers in France on the front lines during World War II. He was awarded the Bronze Medal, the American Theater Service Medal, the European, Africa, Middle East Theater Medal, a Good Conduct Medal, as well as several ribbons, including the Army Occupation Ribbon.

Upon returning to the United States, Charles was honorably discharged from the Army on May 2, 1946. Following his discharge from the Army, Charles and his wife purchased and operated the Lake View Cabins near St. Mary. During the off season, Schwab practiced his trade as an oil field pipefitter throughout Montana. He and his wife moved to Missoula in 1950, where they raised two daughters. He continued his pipefitter career and was instrumental in the process of bringing natural gas to the homes of the citizens of Missoula.

Charles' wife Thelma passed away after 55 years of marriage in 1995. Although Charles sold the Lake View Cabins after 20 years and is now a retired pipefitter, he continues to enjoy the company of his daughters, children, grandchildren, and friends and remains active in the community.

One of Charles's most treasured memories is that of the honor flight he took to Washington, DC, during the government shutdown in 2013. He will forever treasure the memories of that trip, his time as a private first class in the U.S. Army, and the opportunity to defend our great Nation during World War II.●

RECOGNIZING THE WINNETT LION'S CLUB

● Mr. DAINES. Mr. President, this week I have the honor of recognizing the Winnett Lion's Club for their impact on Petroleum County and surrounding communities.

Over the past 3 years, the Winnett Lion's Club has serviced rural communities through free visionary health screenings. This preventative care aids in catching Ambylopia, an easily treatable disease during childhood.

I just 3 years, the Winnett Lion's Club has served over 3,000 children and has traveled over 2,500 miles to help rural communities. The Winnett Lion's Club has served children from Headstart, Child Find programs, local public schools, colony-based schools, and business fairs. They have gone above and beyond to support the children in their surrounding communities.

I congratulate the Winnett Lion's Club for their dedication in serving their community and for leaving a positive impact on Petroleum County.●

REMEMBERING SHELDON S. COHEN

● Mr. VAN HOLLEN. Mr. President, I wish to pay tribute to my constituent and dear friend, Sheldon S. Cohen, who passed away earlier this week. Sheldon Cohen left an extraordinary legacy of accomplishment and service to our country.

A proud native Washingtonian and graduate of DC public schools, Sheldon was a World War II Navy veteran. One of the world's leading tax attorneys, he served as chief counsel and then Commissioner of the IRS under President Lyndon B. Johnson, becoming the youngest person to hold that position. Among his countless other accomplishments was his creation of the first Presidential blind trust. Significantly, the 1978 Ethics in Government Act made blind trusts the preferred vehicle for public officials who do not want to dispose of holdings that raise potential conflicts. In addition, he was instrumental in helping to computerize the IRS and in drafting an overhaul of the Federal income Tax Code. Following his government service, he had an extensive career in private practice, including founding the law firm of Cohen & Uretz. He served as general counsel to the Democratic National Committee and helped settle a civil case stemming from the break-in of DNC offices at the Watergate office complex by Nixon campaign operatives.

Sheldon Cohen's work was influential internationally as well. He advised many countries on their tax systems, was a founder of the Inter-American Center of Tax Administrations, and was a senior fellow of the National Academy of Public Administration. He participated on UN Special Missions to advise developing countries on tax systems, including meeting with Nelson Mandela. He vetted the tax returns of numerous Democratic Presidential and

Vice Presidential candidates, set up the Presidential Commission on Debates as a nonprofit organization, was a frequent author and speaker on tax policy and ethics, and often testified on Capitol Hill. He taught at his alma mater, George Washington University Law School, from which he had graduated first in his class, and at Howard and Miami law schools.

Sheldon Cohen was deeply involved in the community and held numerous leadership roles. These included serving as president of the Jewish Social Service Agency, president of the Order of the Leaf of Camp Airy, chair of the American Jewish Historical Society, trustee and chair of the GW board of trustees, founder and trustee of the United Jewish Endowment Fund, founding member and treasurer of the Supreme Court Historical Society, and trustee of the Jewish Theological Seminary and Adas Israel Congregation.

Sheldon Cohen was a decent, compassionate man, known for his high standards of integrity, his brilliant mind, his concern for those in need, and his devotion to his family and friends. I knew Sheldon Cohen well and will miss his friendship and wise counsel, as I do that of his wonderful and beloved wife Faye, who left us earlier this year. Their partnership and warm hospitality were known throughout our community and will always be remembered by the many friends and activists with whom they teamed up in support of important civic causes.

I ask my colleagues to join me in paying tribute to this fine man and in sending condolences to his family, including his children Melinda and her husband Alberto Goetzl, Laura and her husband Perry Apelbaum, Jonathan and his wife Joanne, and Sharon and her husband Michael Liebman; his 10 grandchildren; his brother Gerald Cohen and his wife Joanne; and his sister Barbara and her husband Dick Wolf.●

TRIBUTE TO THE FOGARTY FAMILY

● Mr. WHITEHOUSE. Mr. President, the swearing in of the Rhode Island Legislature early next year will close a remarkable story of a great Rhode Island family. State Senator Paul Fogarty is retiring after 20 years in office. The Fogarty family of northern Rhode Island will have represented nearly 80 years of public service.

Paul was elected in 1998 to fill the State senate seat that was previously held by his brother, Charles Fogarty, Jr. A master plumber by trade, Paul rose to become the chairman of the senate labor committee. Like his brother Charlie, Paul had served on the Glocester, RI, town council before serving in the legislature.

Charlie Fogarty got his start in State government working as an aide to Governor Joe Garrahy in the late 1970s. While a State senator, he served as both majority whip and senate president pro tempore. He was elected Lieutenant Governor twice, in 1998 and in 2002. He is remembered for starting a Christmastime tradition, Operation Holiday Cheer, which delivers care packages of Rhode Island mementos to servicemembers deployed overseas.

In 2006, Charlie won the Democratic nomination for Governor, narrowly losing to the incumbent. He returned to government a few years later to run the State department of labor and training, where he cracked down on unemployment fraud. In 2015, Governor Gina Raimondo appointed Charlie director of the Rhode Island Department of Elderly Affairs. Under his leadership, the State expanded support for Meals on Wheels, and he played an important role in the State's successful repeal of the tax that seniors paid on their Social Security benefits.

Charlie retired earlier this year, after four decades of service to the people of Rhode Island.

Paul and Charlie's cousins shared the public service gene. Ray Fogarty was a State representative from Glocester for 10 years. He would go on to find and lead the Rhode Island Export Assistance Center at Bryant University's John H. Chafee Center for International Business.

Ray's brother Edward Fogarty was an accomplished lawyer, with whom I worked in the State house. He worked as an arbitrator in the Rhode Island Superior Court and clerked in the U.S. District Court for the District of Rhode Island. However, Ed will best be remembered for his work serving as legal counsel to the speaker of the Rhode Island House of Representatives, to the senate majority leader, and later to the senate president. Ed retired in 2013 and sadly passed away in 2017.

Charlie Fogarty credited his parents with teaching him that ''public service was a public trust.'' Indeed, he and brother Paul followed in their father's footsteps. Charles Fogarty, Sr., had been a State senator from Glocester before them and served for a time as director of the Rhode Island Small Business Administration.

Paul and Charlie's uncle was Congressman John Fogarty, who represented Rhode Island in the U.S. House of Representatives for more than a quarter century. John was a bricklayer and president of Rhode Island's International Bricklayers Union local No. 1 before being elected to Congress at age 27. From his post on the Appropriations Subcommittee for Labor and Health, Education, and Welfare, Mr. Public Health, as he became known, championed the expansion of health research in the United States. During his tenure, the National Institutes of Health grew from a small agency with only three named institutes—for cancer, heart, and dental research—to a larger and more sophisticated operation with institutes devoted to research on mental health, allergy and infectious disease, neurological disease, arthritis and metabolic disease, child health and development, and general medical sciences. As subcommittee chairman during the passage of the Social Security amendments of 1965, John Fogarty was one of the key supporters of the legislation that created the Medicare and Medicaid Programs.

John served until his death in 1967. Dr. Howard Rusk wrote in the New York Times, ''No one in the history of this country has done more to promote more and better health services, more and better health facilities, and more and better health research than Representative Fogarty.'' In Rhode Island, no fewer than five health and educational facilities have been dedicated in John Fogarty's name.

The deep commitment of the Fogarty family to the public welfare, instilled across generations, has been borne out in countless ways. Paul's son Brendan Fogarty even worked as a State senate page during high school and college. For now, there will be no Fogartys in State government. Our State and our Nation are all the richer for their passion and dedication to public life. Rhode Islanders are grateful for the lasting legacy of the Fogartys of Glocester.●

75TH ANNIVERSARY OF STAR FINANCIAL BANK

● Mr. YOUNG. Mr. President, as a member of the Committee on Small Business and Entrepreneurship, I am proud to recognize the Marcuccilli family for the 75th anniversary of an Indiana-based community bank, STAR Financial Bank. Since its founding, STAR Financial has become an essential business in northeast and central Indiana. The bank has continuously prioritized putting their customers and local businesses first, while providing decades of dependable services and accountable staff.

Established by a group of trucking partners from the Marion Trucking Company in 1943, STAR Financial Bank was formed to build financial security for the Fort Wayne community. For that reason, the bank has tailored its practices to support the community and local families. Generally, STAR Financial focuses on three key areas involving arts, education, and economic development. In 2017, the company donated more than $635,000 to Indiana nonprofits, as well as volunteered 3,600 hours of community service valuing over $97,128. Some of the nonprofits include the Fort Wayne Museum of Art, the Fort Wayne Children's Choir. The Children's Museum of Indianapolis, PBS 39, Big Brothers Big Sisters Northeast Indiana, Brightpoint, and many United Way chapters.

It is my privilege to honor STAR Financial Bank for 75 years serving the Fort Wayne community. I look forward to STAR Financial Bank's future endeavors, and I congratulate the Marcuccilli family on this significant milestone.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Cuccia, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The messages received today are printed at the end of the Senate proceedings.)

MESSAGES FROM THE HOUSE

At 12:02 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 1635. An act to amend the loan counseling requirements under the Higher Education Act of 1965, and for other purposes.

H.R. 4969. An act to improve the design and construction of diplomatic posts, and for other purposes.

H.R. 5274. An act to promote international exchanges on best election practices, cultivate more secure democratic institutions around the world, and for other purposes.

H.R. 5576. An act to address state-sponsored cyber activities against the United States, and for other purposes.

ENROLLED BILLS SIGNED

At 12:52 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the Speaker has signed the following enrolled bills:

H.R. 5385. An act to amend the Public Health Service Act to reauthorize the program of payments to children's hospitals that operate graduate medical education programs, and for other purposes.

H.R. 5772. An act to designate the J. Marvin Jones Federal Building and Courthouse in Amarillo, Texas, as the ''J. Marvin Jones Federal Building and Mary Lou Robinson United States Courthouse''.

The enrolled bills were subsequently signed by the President pro tempore (Mr. HATCH).

ENROLLED BILL SIGNED

At 1:48 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

H.R. 4318. An act to amend the Harmonized Tariff Schedule of the United States to modify temporarily certain rates of duty.

The enrolled bill was subsequently signed by the President pro tempore (Mr. HATCH).

At 4:48 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House disagrees to the amendment of the Senate to the bill (H.R. 6147) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2019, and for other purposes, and asks a conference with the Senate on the disagreeing votes of the two Houses thereon, and that the following Members be the managers of the conference on the part of the House: Messrs. FRELINGHUYSEN, ADERHOLT, SIMPSON, CALVERT, COLE, DIAZ-BALART, GRAVES of Georgia, YOUNG of Iowa, RUTHERFORD, Mrs. LOWEY, Messrs. PRICE of North Carolina, BISHOP of Georgia, Ms. MCCOLLUM, Mr. QUIGLEY, and Ms. PINGREE.

At 5:02 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 4606. An act to provide that applications under the Natural Gas Act for the importation or exportation of small volumes of natural gas shall be granted without modification or delay.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1635. An act to amend the loan counseling requirements under the Higher Education Act of 1965, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

H.R. 4606. An act to provide that applications under the Natural Gas Act for the importation or exportation of small volumes of natural gas shall be granted without modification or delay; to the Committee on Energy and Natural Resources.

H.R. 4969. An act to improve the design and construction of diplomatic posts, and for other purposes; to the Committee on Foreign Relations.

H.R. 5274. An act to promote international exchanges on best election practices, cultivate more secure democratic institutions around the world, and for other purposes; to the Committee on Foreign Relations.

H.R. 5576. An act to address state-sponsored cyber activities against the United States, and for other purposes; to the Committee on Foreign Relations.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC–6366. A communication from the Director, Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, a report entitled ''OMB Sequestration Update Report to the President and Congress for Fiscal Year 2019''; to the Special Committee on Aging; Agriculture, Nutrition, and Forestry; Appropriations; Armed Services; Banking, Housing, and Urban Affairs; the Budget; Commerce, Science, and Transportation; Energy and Natural Resources; Environment and Public Works; Select Committee on Ethics; Finance; Foreign Relations; Health, Education, Labor, and Pensions; Homeland Security and Governmental Affairs; Indian Affairs; Select Committee on Intelligence; the Judiciary; Rules and Administration; Small Business and Entrepreneurship; and Veterans' Affairs.

EC–6367. A communication from the Administrator of the Cotton and Tobacco Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled ''Cotton Board Rules and Regulations: Adjusting Supplemental Assessment on Imports (2018 Amendments)'' ((7 CFR Part 1205) (Docket No. AMS–CN–18–0013)) received in the Office of the President of the Senate on August 28, 2018; to the Committee on Agriculture, Nutrition, and Forestry.

EC–6368. A communication from the Deputy Secretary of Agriculture, transmitting, pursuant to law, a report relative to violations of the Antideficiency Act that occurred in the Department of Agriculture's Office of the Secretary Treasury Symbol Accounts; to the Committee on Appropriations.

EC–6369. A communication from the Alternate Federal Register Liaison Officer, Office of the Secretary, Department of Defense, transmitting, pursuant to law, the report of a rule entitled ''Defense Support of Special Events'' (RIN0790–AK05) received in the Office of the President of the Senate on August 28, 2018; to the Committee on Armed Services.

EC–6370. A communication from the Director, Office of Management and Budget, Executive Office of the President, transmitting a report relative to additional fiscal year 2019 funding for the Department of Treasury; to the Committee on Banking, Housing, and Urban Affairs.

EC–6371. A communication from the Counsel, Legal Division, Bureau of Consumer Financial Protection, transmitting, pursuant to law, the report of a rule entitled ''Amendment to the Annual Privacy Notice Requirement Under the Gramm-Leach-Bliley Act (Regulation P)'' (RIN3170–AA60) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Banking, Housing, and Urban Affairs.

EC–6372. A communication from the Assistant to the Board of Governors of the Federal Reserve System, transmitting, pursuant to law, the report of a rule entitled ''Interim Final Rule to amend the Small Bank Holding Company and Savings and Loan Holding Company Policy Statement and related regulations; Changes to Reporting Requirements'' (RIN7100–AF13) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Banking, Housing, and Urban Affairs.

EC–6373. A communication from the Assistant to the Board of Governors of the Federal Reserve System, transmitting, pursuant to law, the report of a rule entitled ''Single-Counterparty Credit Limits for Bank Holding Companies and Foreign Banking Organizations'' (RIN7100–AE48) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Banking, Housing, and Urban Affairs.

EC–6374. A communication from the Chairman of the Federal Energy Regulatory Commission, transmitting, pursuant to law, a report relative to the progress made in licensing and constructing the Alaska Natural Gas Pipeline; to the Committee on Energy and Natural Resources.

EC–6375. A communication from the General Counsel, Federal Energy Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled ''Cyber Security Incident Reporting Reliability Standards'' ((18 CFR Part 40) (Docket No. RM18–2–000)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Energy and Natural Resources.

EC–6376. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Air Plan Approval; District of Columbia; State Implementation Plan for the

Interstate Transport Requirements for the 2008 Ozone Standard'' (FRL No. 9983–11–Region 3) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Environment and Public Works.

EC–6377. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Air Plan Approval; Michigan; Minor New Source Review'' (FRL No. 9982–97–Region 5) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Environment and Public Works.

EC–6378. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Air Plan Approval; Ohio; Cleveland, PM2.5 Attainment Plan'' (FRL No. 9982–96–Region 5) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Environment and Public Works.

EC–6379. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Air Plan Approval; Wisconsin; 2017 Revisions to NR 400 and 406'' (FRL No. 9982–60–Region 5) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Environment and Public Works.

EC–6380. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Air Quality Implementation Plans; Maryland; Infrastructure Requirements for the 2012 Fine Particulate Matter National Ambient Air Quality Standard'' (FRL No. 9983–07–Region 3) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Environment and Public Works.

EC–6381. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval and Promulgation of Implementation Plans; Oklahoma; General SIP Updates'' (FRL No. 9982–47–Region 6) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Environment and Public Works.

EC–6382. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Interstate Transport Prongs 1 and 2 for the 2010 Sulfur Dioxide (SO2) Standard for Colorado, Montana, North Dakota, South Dakota and Wyoming'' (FRL No. 9982–81–Region 8) received during adjournment of the Senate in the Office of the President of the Senate on August 30, 2018; to the Committee on Environment and Public Works.

EC–6383. A communication from the Wildlife Biologist, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Migratory Bird Hunting; Migratory Bird Hunting Regulations on Certain Federal Indian Reservations and Ceded Lands for the 2018–19 Season'' (RIN1018–BB73) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Environment and Public Works.

EC–6384. A communication from the Wildlife Biologist, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Migratory Bird Hunting; Seasons and Bag Possession Limits for Certain Migratory Game Birds'' (RIN1018–BB73) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Environment and Public Works.

EC–6385. A communication from the Wildlife Biologist, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Migratory Bird Permits; Removal of Depredation Orders for Double-crested Cormorants to Protect Aquaculture Facilities and Public Resources'' (RIN1018–BC12) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Environment and Public Works.

EC–6386. A communication from the Chief of the Branch of Delisting and Foreign Species, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Endangered and Threatened Wildlife and Plants; Endangered Species Status for Five Poecilotheria Tarantula Species from Sri Lanka'' (RIN1018–BC82) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Environment and Public Works.

EC–6387. A communication from the Chief of the Branch of Delisting and Foreign Species, Fish and Wildlife Service, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Endangered and Threatened Wildlife and Plants; Listing the Hyacinth Macaw'' (RIN1018–BC79) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Environment and Public Works.

EC–6388. A communication from the President of the United States, transmitting, pursuant to law, notice of the intent to enter into a trade agreement with the Government of Mexico and potentially the Government of Canada; to the Committee on Finance.

EC–6389. A communication from the Chairman of the United States International Trade Commission, transmitting, pursuant to law, a report entitled ''The Year in Trade 2017''; to the Committee on Finance.

EC–6390. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, a report relative to the designation of a group as a Foreign Terrorist Organization by the Secretary of State (OSS–2018–0840); to the Committee on Foreign Relations.

EC–6391. A communication from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting, pursuant to the Case-Zablocki Act, 1 U.S.C. 112b, as amended, the report of the texts and background statements of international agreements, other than treaties (List 2018–0147 - 2018–0156); to the Committee on Foreign Relations.

EC–6392. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of a proposed license for the export of technical data and defense services to the UAE for infantry-related military training and other advisory assistance for the Presidential Guard Command in the amount of $50,000,000 or more (Transmittal No. DDTC 17–139); to the Committee on Foreign Relations.

EC–6393. A communication from the Assistant Secretary, Legislative Affairs, Department of State, transmitting, pursuant to law, the report of a rule entitled ''Continued Temporary Modification of Category XI of the United States Munitions List'' (RIN1400–AE70) received during adjournment of the Senate in the Office of the President of the Senate on August 29, 2018; to the Committee on Foreign Relations.

EC–6394. A communication from the Ombudsman, Energy Employees Occupational Illness Compensation Program, Department of Labor, transmitting, pursuant to law, a report entitled ''2016 Annual Report to Congress''; to the Committee on Health, Education, Labor, and Pensions.

EC–6395. A communication from the President of the United States, transmitting, pursuant to law, the report of an alternate plan for pay adjustments for civilian Federal employees covered by the General Schedule and certain other pay systems in January 2019; to the Committee on Homeland Security and Governmental Affairs.

EC–6396. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22–413, ''Golden Triangle Business Improvement District Amendment Act of 2018''; to the Committee on Homeland Security and Governmental Affairs.

EC–6397. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22–424, ''Community Violence Intervention Fund Temporary Amendment Act''; to the Committee on Homeland Security and Governmental Affairs.

EC–6398. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, a report on D.C. Act 22–436, ''Initiative Measure No. 77, Minimum Wage Amendment Act of 2018''; to the Committee on Homeland Security and Governmental Affairs.

EC–6399. A communication from the Director, Administrative Office of the United States Courts, transmitting, pursuant to law, the Uniform Resource Locator (URL) for the report entitled ''2017 Report of Statistics Required by the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005''; to the Committee on the Judiciary.

EC–6400. A communication from the Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, an annual report relative to the activities and operations of the Public Integrity Section, Criminal Division for 2017, and the nationwide federal law enforcement effort against public corruption; to the Committee on the Judiciary.

EC–6401. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''LPTV, TV Translator, and FM Broadcast Station Reimbursement, Expanding the Economic and Innovation Opportunities of Spectrum Through Incentive Auctions'' ((MB Docket No. 18–214 and GN Docket No. 12–268) (FCC 18–113)) received in the Office of the President of the Senate on August 28, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6402. A communication from the Associate Chief of the Auctions and Spectrum Access Division, Wireless Telecommunications Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Auctions of Upper Microwave Flexible Licenses for Next-Generation Wireless Services'' ((AU Docket No. 18–85) (FCC 18–109)) received in the Office of the President of the Senate on August 28, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6403. A communication from the Deputy Chief, Public Safety and Homeland Security Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Part 11 of the Commission's Rules Regarding the Emergency Alert System'' ((PS Docket Nos. 15–94 and 15–91) (FCC 18–94)) received in the Office of the President of the Senate on August 28, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6404. A communication from the Chief, Enforcement Bureau, Federal Communications Commission, transmitting, pursuant to

law, the report of a rule entitled ''Amendment of Procedural Rules Governing Formal Complaint Proceedings Delegated to the Enforcement Bureau'' ((EB Docket No. 17–245) (FCC 18–96)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6405. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus SAS Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2018–0709)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6406. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus SAS Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2018–0277)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6407. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2017–1022)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6408. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Bombardier, Inc., Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2018–0072)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6409. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Bombardier, Inc., Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2018–0028)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6410. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Various Model 234 and Model CH–47D Helicopters'' ((RIN2120–AA64) (Docket No. FAA–2015–4007)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6411. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Fokker Services B.V. Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2018–0303)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6412. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Airbus SAS Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2018–0168)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6413. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; ATR-GIE Avions de Transport Regional Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2018–0712)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6414. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; B/E Aerospace Fischer GmbH Attendant Seats and Pilot Seats'' ((RIN2120–AA64) (Docket No. FAA–2017–0937)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6415. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Bell Helicopter Textron, Inc. (Bell) Helicopters'' ((RIN2120–AA64) (Docket No. FAA–2018–0738)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6416. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Rolls-Royce Corporation Engines'' ((RIN2120–AA64) (Docket No. FAA–2018–0259)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6417. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; Rolls-Royce pic Turbojet Engines'' ((RIN2120–AA64) (Docket No. FAA–2017–1108)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6418. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class E Airspace; New Castle, IN'' ((RIN2120–AA66) (Docket No. FAA–2018–0290)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6419. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class D Airspace and Class E Airspace; Wrightstown, NJ'' ((RIN2120–AA66) (Docket No. FAA–2017–1188)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6420. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class D Airspace and Class E Airspace; Jacksonville, NC and Establishment of Class D Airspace; Jacksonville, NC'' ((RIN2120–AA66) (Docket No. FAA–2017–1159)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6421. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class D Airspace and Class E Airspace and Revocation of Class E Airspace; Smyrna Beach, FL'' ((RIN2120–AA66) (Docket No. FAA–2018–0328)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6422. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class E Airspace; St. Marys, GA'' ((RIN2120–AA66) (Docket No. FAA–2018–0255)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6423. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class D and Class E Airspace; Biloxi, MS, and Gulfport, MS'' ((RIN2120–AA66) (Docket No. FAA–2017–0865)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6424. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Class E Airspace; Lansing, MI'' ((RIN2120–AA66) (Docket No. FAA–2018–0101)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6425. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Establishment of Class E Airspace; Freeport, PA'' ((RIN2120–AA66) (Docket No. FAA–2017–0426)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6426. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Multiple Restricted Area Boundary Descriptions; Florida'' ((RIN2120–AA66) (Docket No. FAA–2018–0728)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6427. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Chicago Class B Airspace and Chicago Class C Airspace; Chicago, IL'' ((RIN2120–AA66) (Docket No. FAA–2018–0632)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6428. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Establishment of Class E Airspace; Creswell, OR'' ((RIN2120–AA66) (Docket No. FAA–2018–0044)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6429. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Standard Instrument Approach Procedures; Miscellaneous Amendments (76)'' (RIN2120–AA65) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6430. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Standard Instrument Approach Procedures; Miscellaneous Amendments (82)'' (RIN2120–AA65) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6431. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Delaware River Fireworks Display, Delaware River, Philadelphia, PA'' ((RIN1625–AA00) (Docket No. USCG–2018–0810)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6432. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Upper Mississippi River, Mile Markers 751.2 to 751.8, Alma, WI'' ((RIN1625–AA00) (Docket No. USCG–2018–0742)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6433. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Lake Michigan, Chicago, IL'' ((RIN1625–AA00) (Docket No. USCG–2018–0707)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6434. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Lower Mississippi River, Mile Markers 230.4 to 215, Baton Rouge, LA'' ((RIN1625–AA00) (Docket No. USCG–2018–0744)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6435. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Security Zone; Ohio River, Olmstead, IL'' ((RIN1625–AA00) (Docket No. USCG–2018–07000)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6436. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Lower Mississippi River, New Orleans, LA'' ((RIN1625–AA00) (Docket No. USCG–2018–0348)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6437. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Allegheny River Miles 0.7 to 1,0, Pittsburgh, PA'' ((RIN1625–AA00) (Docket No. USCG–2018–0810)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6438. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Ohio River Miles 0.0 to 0.5, Pittsburgh, PA'' ((RIN1625–AA00) (Docket No. USCG–2018–0743)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6439. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Sandusky Bicentennial Fireworks, Sandusky Bay, Sandusky, OH'' ((RIN1625–AA00) (Docket No. USCG–2018–0777)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6440. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Great Lakes Offshore Grand Prix, Lake Erie, Dunkirk, NY'' ((RIN1625–AA00) (Docket No. USCG–2018–0683)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6441. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Special Local Regulation; Roanoke River, Plymouth, NC'' ((RIN1625–AA08) (Docket No. USCG–2018–0771)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6442. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Special Local Regulation; Michigan Championships; Detroit River; Detroit, MI'' ((RIN1625–AA08) (Docket No. USCG–2018–0732)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

EC–6443. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Special Local Regulation; Battle of the Bridges, Intracoastal Waterway; Venice, FL'' ((RIN1625–AA08) (Docket No. USCG–2018–0608)) received in the Office of the President of the Senate on September 4, 2018; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. THUNE, from the Committee on Commerce, Science, and Transportation, with an amendment in the nature of a substitute:

S. 1768. A bill to reauthorize and amend the National Earthquake Hazards Reduction Program, and for other purposes (Rept. No. 115–336).

EXECUTIVE REPORTS OF COMMITTEE

The following executive reports of nominations were submitted:

By Mr. THUNE for the Committee on Commerce, Science, and Transportation.

*Rick A. Dearborn, of Oklahoma, to be a Director of the Amtrak Board of Directors for a term of five years.

*James Morhard, of Virginia, to be Deputy Administrator of the National Aeronautics and Space Administration.

*Kelvin Droegemeier, of Oklahoma, to be Director of the Office of Science and Technology Policy.

*Joel Szabat, of Maryland, to be an Assistant Secretary of Transportation.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mrs. FISCHER (for herself, Mr. KING, and Mr. HELLER):

S. 3412. A bill to amend the Internal Revenue Code of 1986 to extend the employer credit for paid family and medical leave, and for other purposes; to the Committee on Finance.

By Mr. MURPHY (for himself, Mr. BLUMENTHAL, Ms. WARREN, and Mr. SANDERS):

S. 3413. A bill to amend the Elementary and Secondary Education Act of 1965 to establish the Strength in Diversity Program; to the Committee on Health, Education, Labor, and Pensions.

By Mr. REED (for himself and Mr. WHITEHOUSE):

S. 3414. A bill to designate the facility of the United States Postal Service located at 20 Ferry Road in Saunderstown, Rhode Island, as the ''Captain Matthew J. August Post Office''; to the Committee on Homeland Security and Governmental Affairs.

By Ms. HIRONO:

S. 3415. A bill to extend, for a period of two years, the authority for operation of the Department of Veterans Affairs regional office in Manila, the Republic of the Philippines; to the Committee on Veterans' Affairs.

By Mr. GRASSLEY (for himself, Mrs. FEINSTEIN, Mr. COONS, and Mr. HATCH):

S. 3416. A bill to amend the Leahy-Smith America Invents Act to extend the period during which the Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office may set or adjust certain fees; to the Committee on the Judiciary.

By Mr. MERKLEY (for himself, Mr. TILLIS, Mr. WYDEN, Mr. WARNER, Mr. BROWN, and Mrs. SHAHEEN):

S. 3417. A bill to require the Secretary of Veterans Affairs to carry out a program to increase efficiency in the recruitment and hiring by the Department of Veterans Affairs of health care workers that are undergoing

separation from the Armed Forces, to create uniform credentialing standards for certain health care professionals of the Department, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. MARKEY (for himself and Mr. BLUMENTHAL):

S. 3418. A bill to amend title 49, United States Code, to ensure that revenues collected from passengers as aviation security fees are used to help finance the costs of aviation security screening by repealing a requirement that a portion of such fees be credited as offsetting receipts and deposited in the general fund of the Treasury; to the Committee on Commerce, Science, and Transportation.

By Ms. HIRONO (for herself and Mr. BOOZMAN):

S. 3419. A bill to amend title 38, United States Code, to extend authorities relating to homeless veterans, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. HARRIS (for herself and Mr. GARDNER):

S. 3420. A bill to require the Food and Drug Administration to prioritize the promotional materials for drugs for serious, life-threatening diseases or conditions or substance use disorders, especially opioid drugs and drugs for medication-assisted treatment, in considering whether promotional materials are false or misleading; to the Committee on Health, Education, Labor, and Pensions.

By Mr. PERDUE:

S. 3421. A bill to provide for exclusive Federal jurisdiction over certain civil securities fraud actions, and for other purposes; to the Committee on the Judiciary.

By Ms. MURKOWSKI (for herself, Mr. BOOKER, Mr. RISCH, Mr. CRAPO, Mrs. CAPITO, Mr. DURBIN, Mr. WHITEHOUSE, Mr. MANCHIN, and Mr. COONS):

S. 3422. A bill to direct the Secretary of Energy to establish advanced nuclear goals, provide for a versatile, reactor-based fast neutron source, make available high-assay, low-enriched uranium for research, development, and demonstration of advanced nuclear reactor concepts, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. SCOTT (for himself and Mr. CASSIDY):

S. 3423. A bill to revise the amounts for discretionary Federal Pell Grant funding, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. MERKLEY:

S. 3424. A bill to amend title 5, United States Code, to provide for an investment option under the Thrift Savings Plan that does not include investment in any fossil fuel companies; to the Committee on Homeland Security and Governmental Affairs.

By Mr. LANKFORD:

S. 3425. A bill to redirect United States funding from the United Nations Relief and Works Agency for Palestine Refugees in the Near East to other entities providing assistance to Palestinians living in the West Bank, the Gaza Strip, Jordan, Syria, and Lebanon; to the Committee on Foreign Relations.

By Mr. SCHATZ (for himself and Ms. MURKOWSKI):

S. 3426. A bill to require the Secretary of Defense to establish an initiative on improving the capacity of military criminal investigative organizations to prevent child sexual exploitation, and for other purposes; to the Committee on Armed Services.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. RUBIO (for himself, Mr. CARDIN, Mr. FLAKE, Mrs. SHAHEEN, Mr. YOUNG, Mr. MERKLEY, Mr. KENNEDY, Mrs. GILLIBRAND, Ms. COLLINS, Mr. MARKEY, Mr. JOHNSON, Mr. VAN HOLLEN, Mr. COONS, and Mr. BOOKER):

S. Res. 622. A resolution supporting renaming NATO Headquarters after the late United States Senator John Sidney McCain, III; to the Committee on Foreign Relations.

By Mr. MCCONNELL:

S. Res. 623. A resolution to constitute the majority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen; considered and agreed to.

By Mr. KAINE (for himself, Mr. WARNER, Mrs. CAPITO, and Mr. BOOKER):

S. Res. 624. A resolution commemorating Arthur Ashe, a native of Richmond, Virginia, on the 50th anniversary of his historic win at the 1968 U.S. Open Tennis Championship and honoring his humanitarian contributions to civil rights, education, the movement against apartheid in South Africa, and HIV/AIDS awareness; considered and agreed to.

By Mr. COONS (for himself, Mr. CASSIDY, Mr. SCHUMER, Mrs. GILLIBRAND, Mr. BOOKER, Mr. MENENDEZ, Mr. TOOMEY, Mr. JONES, Mr. BLUMENTHAL, Mr. MARKEY, Ms. HARRIS, Ms. HASSAN, Mr. REED, Mr. WHITEHOUSE, Ms. WARREN, Mr. MURPHY, Mr. KAINE, Mrs. MURRAY, Mr. BROWN, Mr. VAN HOLLEN, Mrs. SHAHEEN, and Mr. DONNELLY):

S. Con. Res. 45. A concurrent resolution recognizing September 11, 2018, as a ''National Day of Service and Remembrance''; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 319

At the request of Ms. KLOBUCHAR, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 319, a bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish within the Department of Veterans Affairs a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits.

S. 352

At the request of Mr. CORKER, the names of the Senator from Delaware (Mr. COONS) and the Senator from Indiana (Mr. YOUNG) were added as cosponsors of S. 352, a bill to award a Congressional Gold Medal to Master Sergeant Rodrick ''Roddie'' Edmonds in recognition of his heroic actions during World War II.

S. 379

At the request of Mr. WHITEHOUSE, the name of the Senator from South Dakota (Mr. ROUNDS) was added as a cosponsor of S. 379, a bill to amend title II of the Social Security Act to eliminate the five month waiting period for disability insurance benefits under such title for individuals with amyotrophic lateral sclerosis.

S. 497

At the request of Ms. CANTWELL, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 497, a bill to amend title XVIII of the Social Security Act to provide for Medicare coverage of certain lymphedema compression treatment items as items of durable medical equipment.

S. 515

At the request of Mr. CASEY, the name of the Senator from Maryland (Mr. VAN HOLLEN) was added as a cosponsor of S. 515, a bill to require the Secretary of Labor to maintain a publicly available list of all employers that relocate a call center overseas, to make such companies ineligible for Federal grants or guaranteed loans, and to require disclosure of the physical location of business agents engaging in customer service communications, and for other purposes.

S. 548

At the request of Ms. CANTWELL, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 548, a bill to amend the Internal Revenue Code of 1986 to reform the low-income housing credit, and for other purposes.

S. 689

At the request of Mrs. MURRAY, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 689, a bill to provide women with increased access to preventive and life-saving cancer screening.

S. 796

At the request of Mr. WARNER, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 796, a bill to amend the Internal Revenue Code of 1986 to extend the exclusion for employer-provided education assistance to employer payments of student loans.

S. 817

At the request of Mr. CASEY, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 817, a bill to amend the Internal Revenue Code of 1986 to increase the age requirement with respect to eligibility for qualified ABLE programs.

S. 998

At the request of Mr. DAINES, the name of the Senator from Iowa (Mrs. ERNST) was added as a cosponsor of S. 998, a bill to amend the Tariff Act of 1930 to protect personally identifiable information, and for other purposes.

S. 1503

At the request of Ms. WARREN, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. 1503, a bill to require the Secretary of the Treasury to mint coins in recognition of the 60th anniversary of the Naismith Memorial Basketball Hall of Fame.

S. 1730

At the request of Ms. COLLINS, the names of the Senator from Oregon (Mr. MERKLEY), the Senator from Michigan (Mr. PETERS), the Senator from Washington (Ms. CANTWELL), the Senator from Colorado (Mr. BENNET), the Senator from Montana (Mr. TESTER), the

Senator from Maryland (Mr. VAN HOLLEN), the Senator from Florida (Mr. NELSON), the Senator from Rhode Island (Mr. REED), the Senator from Massachusetts (Mr. MARKEY), the Senator from Indiana (Mr. DONNELLY), the Senator from Maryland (Mr. CARDIN), the Senator from Alabama (Mr. JONES) and the Senator from Virginia (Mr. KAINE) were added as cosponsors of S. 1730, a bill to implement policies to end preventable maternal, newborn, and child deaths globally.

S. 1942

At the request of Ms. HEITKAMP, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 1942, a bill to direct the Attorney General to review, revise, and develop law enforcement and justice protocols appropriate to address missing and murdered Indians, and for other purposes.

S. 2233

At the request of Mr. UDALL, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 2233, a bill to protect Native children and promote public safety in Indian country.

S. 2423

At the request of Mr. SCHATZ, the name of the Senator from Connecticut (Mr. MURPHY) was added as a cosponsor of S. 2423, a bill to reinstate Federal Pell Grant eligibility for individuals incarcerated in Federal and State penal institutions, and for other purposes.

S. 2535

At the request of Mr. DURBIN, the name of the Senator from West Virginia (Mr. MANCHIN) was added as a cosponsor of S. 2535, a bill to amend the Controlled Substances Act to strengthen Drug Enforcement Administration discretion in setting opioid quotas.

S. 2554

At the request of Ms. COLLINS, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 2554, a bill to ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees.

S. 2593

At the request of Mr. LANKFORD, the names of the Senator from Utah (Mr. HATCH) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 2593, a bill to protect the administration of Federal elections against cybersecurity threats.

S. 2845

At the request of Ms. BALDWIN, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 2845, a bill to provide collective bargaining rights for public safety officers employed by States or their political subdivisions.

S. 2996

At the request of Ms. WARREN, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of S. 2996, a bill to make available necessary disaster assistance for families affected by major disasters, and for other purposes.

S. 3247

At the request of Mr. BOOZMAN, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 3247, a bill to improve programs and activities relating to women's entrepreneurship and economic empowerment that are carried out by the United States Agency for International Development, and for other purposes.

S. 3260

At the request of Mr. CASEY, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 3260, a bill to amend the Internal Revenue Code of 1986 to include individuals receiving Social Security Disability Insurance benefits under the work opportunity credit, increase the work opportunity credit for vocational rehabilitation referrals, qualified SSI recipients, and qualified SSDI recipients, expand the disabled access credit, and enhance the deduction for expenditures to remove architectural and transportation barriers to the handicapped and elderly.

S. 3271

At the request of Mr. SANDERS, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 3271, a bill to prohibit the use of payment of money as a condition of pretrial release in Federal criminal cases, and for other purposes.

S. 3283

At the request of Mr. ROUNDS, the name of the Senator from Kansas (Mr. MORAN) was added as a cosponsor of S. 3283, a bill to require the appropriate Federal banking agencies to increase the risk-sensitivity of the capital treatment of certain centrally cleared exchange-listed options and derivatives, and for other purposes.

S. 3290

At the request of Mr. COTTON, the name of the Senator from Kansas (Mr. MORAN) was added as a cosponsor of S. 3290, a bill to require the Secretary of the Treasury to mint coins in commemoration of the centennial of the establishment of the Tomb of the Unknown Soldier.

S. 3298

At the request of Mr. DAINES, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 3298, a bill to extend the authority of the Vietnam Veterans Memorial Fund, Inc., to establish a visitor center for the Vietnam Veterans Memorial.

S.J. RES. 63

At the request of Ms. BALDWIN, the names of the Senator from Colorado (Mr. BENNET), the Senator from Massachusetts (Mr. MARKEY), the Senator from Massachusetts (Ms. WARREN), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from New Mexico (Mr. HEINRICH), the Senator from Virginia (Mr. WARNER), the Senator from Washington (Ms. CANTWELL), the Senator from Minnesota (Ms. SMITH), the Senator from New Mexico (Mr. UDALL), the Senator from California (Mrs. FEINSTEIN), the Senator from Vermont (Mr. SANDERS), the Senator from New Jersey (Mr. MENENDEZ), the Senator from Illinois (Mr. DURBIN), the Senator from Maryland (Mr. CARDIN) and the Senator from Virginia (Mr. KAINE) were added as cosponsors of S.J. Res. 63, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Secretary of the Treasury, Secretary of Labor, and Secretary of Health and Human Services relating to ''Short-Term, Limited Duration Insurance''.

S. RES. 61

At the request of Ms. STABENOW, her name was added as a cosponsor of S. Res. 61, a resolution calling on the Department of Defense, other elements of the Federal Government, and foreign governments to intensify efforts to investigate, recover, and identify all missing and unaccounted-for personnel of the United States.

S. RES. 481

At the request of Mr. HATCH, the names of the Senator from Michigan (Mr. PETERS) and the Senator from Louisiana (Mr. KENNEDY) were added as cosponsors of S. Res. 481, a resolution calling upon the leadership of the Government of the Democratic People's Republic of Korea to dismantle its labor camp system, and for other purposes.

S. RES. 525

At the request of Mr. BARRASSO, his name was added as a cosponsor of S. Res. 525, a resolution designating September 2018 as National Democracy Month as a time to reflect on the contributions of the system of government of the United States to a more free and stable world.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 622—SUPPORTING RENAMING NATO HEADQUARTERS AFTER THE LATE UNITED STATES SENATOR JOHN SIDNEY MCCAIN, III

Mr. RUBIO (for himself, Mr. CARDIN, Mr. FLAKE, Mrs. SHAHEEN, Mr. YOUNG, Mr. MERKLEY, Mr. KENNEDY, Mrs. GILLIBRAND, Ms. COLLINS, Mr. MARKEY, Mr. JOHNSON, Mr. VAN HOLLEN, Mr. COONS, and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 622

Whereas the late United States Senator John Sidney McCain, III, wrote on February 4, 2006, ''We in the transatlantic community should dare to dream today of the future we might help build in Europe's borderlands, in Central Asia, and throughout the Broader Middle East. As partners in a shared and historic endeavor that has already transformed

the lives of millions, we should discount neither the power of our ideals nor the capacity of our democracies. In turning back the forces of tyranny and terror, and in helping to secure the blessings of liberty everywhere, we will embark on a project worthy of this grand alliance. And in doing so, we will prevail, as we have prevailed before—together.'';

Whereas Senator McCain, as Chairman of the Committee on Armed Services of the Senate, said during his opening statement on March 23, 2017, ''The price our NATO allies paid in blood fighting alongside us should never be diminished. And we must never forget that America is safer and more secure because it has allies that are willing to step up and share the burden of collective security.'';

Whereas Senator McCain stated on July 10, 2018, ''As we face the most complex and dangerous security environment since the end of the Cold War, we must not forget that America is safer and more secure because we work with and through our allies. Throughout the past seven decades, the United States and its NATO allies have served together, fought together, and sacrificed together for a vision of the world based on freedom, democracy, human rights and rule of law. Our enduring alliance stands as an important safeguard in preserving this world order—and it is essential to securing our national interests.'';

Whereas Member of Parliament of the United Kingdom Tom Tugendhat, Chair of the Foreign Affairs Committee in the House of Commons, has advocated for NATO to rename its headquarters after Senator McCain, saying that ''[f]ew argued more passionately for a shared commitment to each other's security or understood better that we are all part of one great experiment in freedom'';

Whereas NATO has already stated that it would ''carefully consider'' renaming its headquarters building after Senator McCain;

Whereas NATO's new headquarters building was inaugurated on May 25, 2017, is the political and administrative center for NATO activities, is home to the North Atlantic Council and NATO's international staff and international military staff, and hosts approximately 6,000 meetings a year;

Whereas former NATO Secretaries General Anders Fogh Rasmussen, Lord George Robertson, and Javier Solana have urged NATO to rename its new headquarters after Senator McCain, writing that ''few things symbolise this alliance, and the enduring benefits of American global leadership, more vividly than the life and work of John McCain'' and that ''[w]hether advancing the cause of freedom across the former Soviet states of eastern Europe or defending the multilateral international order at a time of skepticism, his work was a beacon for all of us who believe that transatlantic unity is the only means for ensuring peace'';

Whereas current NATO Secretary General Jans Stoltenberg wrote that Senator McCain ''will be remembered both in Europe and North America for his courage and character, and as a strong supporter of NATO''; and

Whereas renaming NATO headquarters after Senator McCain would need the unanimous approval of all 29 members of NATO: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes, as the late United States Senator John Sidney McCain, III, did, the immense benefits to the United States and the world of the NATO alliance;

(2) strongly supports the renaming of NATO headquarters in Brussels, Belgium, after Senator McCain;

(3) calls on all NATO members to support renaming NATO headquarters after Senator McCain, in recognition of his long and ironclad support for NATO; and

(4) urges the President to support renaming NATO headquarters after Senator McCain and to direct appropriate officials at the Department of State and the Department of Defense to advocate for their counterparts in NATO member states to support renaming NATO headquarters after Senator McCain.

SENATE RESOLUTION 623—TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS, OR UNTIL THEIR SUCCESSORS ARE CHOSEN

Mr. MCCONNELL submitted the following resolution; which was considered and agreed to.:

S. RES. 623

Resolved, That the following shall constitute the majority party's membership on the following committees for the One Hundred Fifteenth Congress, or until their successors are chosen:

COMMITTEE ON ARMED SERVICES: Mr. Inhofe (Chairman), Mr. Wicker, Mrs. Fischer, Mr. Cotton, Mr. Rounds, Mrs. Ernst, Mr. Tillis, Mr. Sullivan, Mr. Perdue, Mr. Cruz, Mr. Graham, Mr. Sasse, Mr. Scott, Mr. Kyl.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS: Mr. Johnson (Chairman), Mr. Portman, Mr. Paul, Mr. Lankford, Mr. Enzi, Mr. Hoeven, Mr. Daines, Mr. Kyl.

COMMITTEE ON INDIAN AFFAIRS: Mr. Hoeven (Chairman), Mr. Barrasso, Mrs. Murkowski, Mr. Lankford, Mr. Daines, Mr. Crapo, Mr. Moran, Mr. Kyl.

SENATE RESOLUTION 624—COMMEMORATING ARTHUR ASHE, A NATIVE OF RICHMOND, VIRGINIA, ON THE 50TH ANNIVERSARY OF HIS HISTORIC WIN AT THE 1968 U.S. OPEN TENNIS CHAMPIONSHIP AND HONORING HIS HUMANITARIAN CONTRIBUTIONS TO CIVIL RIGHTS, EDUCATION, THE MOVEMENT AGAINST APARTHEID IN SOUTH AFRICA, AND HIV/AIDS AWARENESS

Mr. KAINE (for himself, Mr. WARNER, Mrs. CAPITO, and Mr. BOOKER) submitted the following resolution; which was considered and agreed to:

S. RES. 624

Whereas Arthur Ashe won the U.S. Open Tennis Championship on September 9, 1968, in the first year the tournament was open to professionals, while he was on active duty based at the United States Military Academy, also known as West Point;

Whereas Arthur Ashe's victory, following his amateur U.S. National Championship title two weeks earlier, marked the first time an African-American man won a major title;

Whereas Arthur Ashe was born in Richmond, Virginia, on July 10, 1943, and raised by his widowed father in a house on the grounds of Brook Field, the largest playground for blacks in Richmond, the segregated capital of the former Confederacy;

Whereas Arthur Ashe first learned to play tennis at 7 years old and showed enough talent to later receive coaching and guidance from Dr. Robert Walter Johnson, a pioneer for black tennis players;

Whereas, although prohibited in Richmond from competing in tournaments and practicing at municipal indoor courts because of segregation, Arthur Ashe won the National Junior Indoor tennis title, becoming the first African-American male to do so and earning a scholarship in 1963 to play tennis at the University of California, Los Angeles (UCLA), where he joined the Reserve Officer Training Corps;

Whereas Arthur Ashe graduated from UCLA with a bachelor's degree in Business Administration and was assigned to West Point by the United States Army, where he earned promotions to first lieutenant and also led the tennis program;

Whereas the amateur and professional tennis accomplishments of Arthur Ashe included National Collegiate Athletic Association singles and doubles titles, the Australian Open title in 1970, and the Wimbledon title in 1975;

Whereas Arthur Ashe became the first black player selected to the Davis Cup team for the United States, which he later coached;

Whereas Arthur Ashe's accomplishments on the tennis court gave him a platform to pursue social justice during a turbulent time in the civil rights era;

Whereas Arthur Ashe's activism included efforts to end apartheid in South Africa;

Whereas Arthur Ashe pushed for, and eventually earned, a visa to play in the National Championships in South Africa in 1973;

Whereas Arthur Ashe was arrested twice, first for protesting outside the Embassy of South Africa in Washington, D.C., and later for protesting the repatriation of Haitian refugees by the United States Government;

Whereas Arthur Ashe researched the history of African-American athletics and published a groundbreaking book, ''Hard Road to Glory: A History of the African-American Athlete'', celebrating the accomplishments of heroes known and unknown;

Whereas after suffering a heart attack in 1979 and contracting HIV/AIDS as a result of a blood transfusion, Arthur Ashe resolved to educate the people of the United States and the world about the disease and advocated for more resources to end an epidemic that disproportionately affected marginalized communities, including communities of color;

Whereas Arthur Ashe succumbed to complications from HIV/AIDS and died on February 6, 1993, and became the first African American to lie in state at the Governor's Mansion in Richmond; and

Whereas President Bill Clinton posthumously awarded Arthur Ashe the Presidential Medal of Freedom on June 20, 1993, and the Richmond City Council voted unanimously to erect a statue on historic Monument Avenue to honor his achievements: Now, therefore, be it

Resolved, That the Senate—

(1) honors Arthur Ashe, a native of Richmond, Virginia, on the 50th anniversary of his historic win at the U.S. Open Tennis Championship; and

(2) celebrates his contributions to education, scholarship, the anti-apartheid movement, and HIV/AIDS awareness.

SENATE CONCURRENT RESOLUTION 45—RECOGNIZING SEPTEMBER 11, 2018, AS A ''NATIONAL DAY OF SERVICE AND REMEMBRANCE''

Mr. COONS (for himself, Mr. CASSIDY, Mr. SCHUMER, Mrs. GILLIBRAND, Mr. BOOKER, Mr. MENENDEZ, Mr. TOOMEY, Mr. JONES, Mr. BLUMENTHAL, Mr. MARKEY, Ms. HARRIS, Ms. HASSAN, Mr. REED, Mr. WHITEHOUSE, Ms. WARREN,

Mr. MURPHY, Mr. KAINE, Mrs. MURRAY, Mr. BROWN, Mr. VAN HOLLEN, Mrs. SHAHEEN, and Mr. DONNELLY) submitted the following concurrent resolution; which was referred to the Committee on the Judiciary:

S. CON RES. 45

Whereas, on September 11, 2001, the United States of America endured a violent terrorist attack leading to the tragic deaths and injuries of thousands of innocent United States citizens and other citizens from more than 90 different nations and territories;

Whereas, in response to the attacks in New York City, Washington, D.C., and Shanksville, Pennsylvania, firefighters, uniformed officers, emergency medical technicians, physicians, nurses, military personnel, and other first responders immediately rose to service in the heroic attempt to save the lives of those in danger;

Whereas, in the immediate aftermath of the attacks, thousands of recovery workers, including trades personnel, iron workers, equipment operators, and many others, joined with uniformed officers and military personnel to help search for and recover victims lost in the attacks;

Whereas, in the days, weeks, and months following the attacks, thousands of people in the United States and others spontaneously volunteered to help support the rescue and recovery efforts, braving both physical and emotional hardship;

Whereas many first responders, rescue and recovery workers, volunteers, and survivors of the attacks continue to suffer from serious medical illnesses and emotional distress related to the physical and mental trauma of the tragedy;

Whereas hundreds of thousands of brave men and women continue to serve every day, having answered the call to duty as members of the Armed Forces of the United States, with some having given their lives or suffered injury to defend our Nation's security and prevent further terrorist attacks;

Whereas the entire Nation witnessed and endured the tragedy of September 11, 2001, and, in the immediate aftermath of the attacks, became unified under a remarkable spirit of service and compassion that inspired the Nation;

Whereas, in the years immediately following the attacks of September 11, 2001, the Bureau of Labor Statistics documented a marked increase in volunteerism among citizens in the United States;

Whereas, on March 31, 2009, Congress adopted the bipartisan Edward M. Kennedy Serve America Act, which, signed into law on April 21, 2009, by President Barack Obama authorized, at the request of the 9/11 community, for the first time Federal recognition of September 11 as a ''National Day of Service and Remembrance''; and

Whereas, since Congress and the President provided for Federal recognition of September 11 as a ''National Day of Service and Remembrance'', commonly referred to today as ''9/11 Day'', more than 30,000,000 people in the United States now observe the anniversary by engaging in a wide range of charitable service activities and private forms of prayer and remembrance: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) calls upon its Members and all people of the United States to observe September 11, 2018, as a ''National Day of Service and Remembrance'', with appropriate and personal expressions of reflection, which can include performing good deeds, displaying the United States flag, attending memorial and remembrance services, and voluntarily engaging in community service or other charitable activities of their own choosing in honor of those who lost their lives or were injured in the attacks of September 11, 2001, and in tribute to those who rose to service to come to the aid of those in need, and in defense of our Nation; and

(2) urges all people of the United States to continue to live their lives throughout the year with the same spirit of unity, service, and compassion that was exhibited throughout the Nation following the terrorist attacks of September 11, 2001.

AMENDMENTS SUBMITTED AND PROPOSED

SA 4011. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 2554, to ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees; which was ordered to lie on the table .

SA 4012. Mr. MCCONNELL (for Mr. HATCH (for himself and Mr. HEINRICH)) proposed an amendment to the bill S. 1417, to require the Secretary of the Interior to develop a categorical exclusion for covered vegetative management activities carried out to establish or improve habitat for greater sage-grouse and mule deer, and for other purposes.

SA 4013. Mr. ALEXANDER submitted an amendment intended to be proposed by him to the bill H.R. 6, to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes; which was ordered to lie on the table.

SA 4014. Mr. MCCONNELL (for Mr. ALEXANDER) proposed an amendment to the bill H.R. 302, to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State.

TEXT OF AMENDMENTS

SA 4011. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 2554, to ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees; which was ordered to lie on the table; as follows:

On page 4, strike line 2 and all that follows through line 6 on page 5 and insert the following:

''(a) IN GENERAL.—A self-insured group health plan shall—

''(1) not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug to an enrollee in the plan from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using the plan; and

''(2) ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan does not, with respect to such plan, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using the plan.

''(b) DEFINITION.—For purposes of this section, the term 'out-of-pocket cost', with respect to acquisition of a drug, means the amount to be paid by the enrollee under the health plan, including any cost-sharing (including any deductible, copayment, or coinsurance) and, as determined by the Secretary, any other expenditure.''.

SA 4012. Mr. MCCONNELL (for Mr. HATCH (for himself and Mr. HEINRICH)) proposed an amendment to the bill S. 1417, to require the Secretary of the Interior to develop a categorical exclusion for covered vegetative management activities carried out to establish or improve habitat for greater sage-grouse and mule deer, and for other purposes; as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Sage-Grouse and Mule Deer Habitat Conservation and Restoration Act of 2018''.

SEC. 2. DEFINITIONS.

In this Act:

(1) COVERED VEGETATION MANAGEMENT ACTIVITY.—

(A) IN GENERAL.—The term ''covered vegetation management activity'' means any activity described in subparagraph (B) that—

(i) is carried out on public land administered by the Bureau of Land Management;

(ii) meets the objectives of the order of the Secretary numbered 3336 and dated January 5, 2015;

(iii) conforms to an applicable land use plan;

(iv) protects, restores, or improves greater sage-grouse or mule deer habitat in a sagebrush steppe ecosystem as described in—

(I) Circular 1416 of the United States Geological Survey entitled ''Restoration Handbook for Sagebrush Steppe Ecosystems with Emphasis on Greater Sage-Grouse Habitat—Part 1. Concepts for Understanding and Applying Restoration'' (2015); or

(II) the habitat guidelines for mule deer published by the Mule Deer Working Group of the Western Association of Fish and Wildlife Agencies;

(v) will not permanently impair—

(I) the natural state of the treated area;

(II) outstanding opportunities for solitude;

(III) outstanding opportunities for primitive, unconfined recreation;

(IV) economic opportunities consistent with multiple-use management; or

(V) the identified values of a unit of the National Landscape Conservation System; and

(vi)(I) restores native vegetation following a natural disturbance;

(II) prevents the expansion into greater sage-grouse or mule deer habitat of—

(aa) juniper, pinyon pine, or other associated conifers; or

(bb) nonnative or invasive vegetation;

(III) reduces the risk of loss of greater sage-grouse or mule deer habitat from wildfire or any other natural disturbance; or

(IV) provides emergency stabilization of soil resources after a natural disturbance.

(B) DESCRIPTION OF ACTIVITIES.—An activity referred to in subparagraph (A) is—

(i) manual cutting and removal of juniper trees, pinyon pine trees, other associated conifers, or other nonnative or invasive vegetation;

(ii) mechanical mastication, cutting, or mowing, mechanical piling and burning, chaining, broadcast burning, or yarding;

(iii) removal of cheat grass, medusa head rye, or other nonnative, invasive vegetation;

(iv) collection and seeding or planting of native vegetation using a manual, mechanical, or aerial method;

(v) seeding of nonnative, noninvasive, ruderal vegetation only for the purpose of emergency stabilization;

(vi) targeted use of an herbicide, subject to the condition that the use shall be in accordance with applicable legal requirements, Federal agency procedures, and land use plans;

(vii) targeted livestock grazing to mitigate hazardous fuels and control noxious and invasive weeds;

(viii) temporary removal of wild horses or burros in the area in which the activity is being carried out to ensure treatment objectives are met;

(ix) in coordination with the affected permit holder, modification or adjustment of permissible usage under an annual plan of use of a grazing permit issued by the Secretary to achieve restoration treatment objectives;

(x) installation of new, or modification of existing, fencing or water sources intended to control use or improve wildlife habitat; or

(xi) necessary maintenance of, repairs to, rehabilitation of, or reconstruction of an existing permanent road or construction of temporary roads to accomplish the activities described in this subparagraph.

(C) EXCLUSIONS.—The term ''covered vegetation management activity'' does not include—

(i) any activity conducted in a wilderness area or wilderness study area; or

(ii) any activity for the construction of a permanent road or permanent trail.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(3) TEMPORARY ROAD.—The term ''temporary road'' means a road that is—

(A) authorized—

(i) by a contract, permit, lease, other written authorization; or

(ii) pursuant to an emergency operation;

(B) not intended to be part of the permanent transportation system of a Federal department or agency;

(C) not necessary for long-term resource management;

(D) designed in accordance with standards appropriate for the intended use of the road, taking into consideration—

(i) safety;

(ii) the cost of transportation; and

(iii) impacts to land and resources; and

(E) managed to minimize—

(i) erosion; and

(ii) the introduction or spread of invasive species.

SEC. 3. IMPROVEMENT OF HABITAT FOR GREATER SAGE-GROUSE AND MULE DEER.

(a) CATEGORICAL EXCLUSION.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall develop 1 or more categorical exclusions (as defined in section 1508.4 of title 40, Code of Federal Regulations (or a successor regulation)) for covered vegetation management activities carried out to protect, restore, or improve habitat for greater sage-grouse or mule deer.

(2) ADMINISTRATION.—In developing and administering a categorical exclusion under paragraph (1), the Secretary shall—

(A) comply with the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.);

(B) apply the extraordinary circumstances procedures under section 220.6 of title 36, Code of Federal Regulations (or successor regulations), in determining whether to use the categorical exclusion; and

(C) consider—

(i) the relative efficacy of landscape-scale habitat projects;

(ii) the likelihood of continued declines in the populations of greater sage-grouse and mule deer in the absence of landscape-scale vegetation management; and

(iii) the need for habitat restoration activities after wildfire or other natural disturbances.

(b) IMPLEMENTATION OF COVERED VEGETATIVE MANAGEMENT ACTIVITIES WITHIN THE RANGE OF GREATER SAGE-GROUSE AND MULE DEER.—If a categorical exclusion developed under subsection (a) is used to implement a covered vegetative management activity in an area within the range of both greater sage-grouse and mule deer, the covered vegetative management activity shall protect, restore, or improve habitat concurrently for both greater sage-grouse and mule deer.

(c) LONG-TERM MONITORING AND MAINTENANCE.—Before commencing any covered vegetation management activity that is covered by a categorical exclusion under subsection (a), the Secretary shall develop a long-term monitoring and maintenance plan, covering at least the 20 year-period beginning on the date of commencement, to ensure that management of the treated area does not degrade the habitat gains secured by the covered vegetation management activity.

(d) DISPOSAL OF VEGETATIVE MATERIAL.—Subject to applicable local restrictions, any vegetative material resulting from a covered vegetation management activity that is covered by a categorical exclusion under subsection (a) may be—

(1) used for—

(A) fuel wood; or

(B) other products; or

(2) piled or burned, or both.

(e) TREATMENT FOR TEMPORARY ROADS.—

(1) IN GENERAL.—Notwithstanding section 2(1)(B)(xi), any temporary road constructed in carrying out a covered vegetation management activity that is covered by a categorical exclusion under subsection (a)—

(A) shall be used by the Secretary for the covered vegetation management activity for not more than 2 years; and

(B) shall be decommissioned by the Secretary not later than 3 years after the earlier of the date on which—

(i) the temporary road is no longer needed; and

(ii) the project is completed.

(2) REQUIREMENT.—A treatment under paragraph (1) shall include reestablishing native vegetative cover—

(A) as soon as practicable; but

(B) not later than 10 years after the date of completion of the applicable covered vegetation management activity.

SA 4013. Mr. ALEXANDER submitted an amendment intended to be proposed by him to the bill H.R. 6, to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes; which was ordered to lie on the table; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Opioid Crisis Response Act of 2018''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE I—OPIOID CRISIS RESPONSE ACT

SEC. 1001. DEFINITIONS.

In this title—

(1) the terms ''Indian Tribe'' and ''tribal organization'' have the meanings given the terms ''Indian tribe'' and ''tribal organization'' in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304); and

(2) the term ''Secretary'' means the Secretary of Health and Human Services, unless otherwise specified.

Subtitle A—Reauthorization of Cures Funding

SEC. 1101. STATE RESPONSE TO THE OPIOID ABUSE CRISIS.

(a) IN GENERAL.—Section 1003 of the 21st Century Cures Act (Public Law 114–255) is amended—

(1) in subsection (a)—

(A) by striking ''the authorization of appropriations under subsection (b) to carry out the grant program described in subsection (c)'' and inserting ''subsection (h) to carry out the grant program described in subsection (b)''; and

(B) by inserting ''and Indian Tribes'' after ''States'';

(2) by striking subsection (b);

(3) by redesignating subsections (c) through (e) as subsections (b) through (d), respectively;

(4) by redesignating subsection (f) as subsection (j);

(5) in subsection (b), as so redesignated—

(A) in paragraph (1)—

(i) in the paragraph heading, by inserting ''AND INDIAN TRIBE'' after ''STATE'';

(ii) by striking ''States for the purpose of addressing the opioid abuse crisis within such States'' and inserting ''States and Indian Tribes for the purpose of addressing the opioid abuse crisis within such States and Indian Tribes'';

(iii) by inserting ''or Indian Tribes'' after ''preference to States''; and

(iv) by inserting before the period of the second sentence ''or other Indian Tribes, as applicable'';

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by striking ''to a State'';

(ii) in subparagraph (A), by striking ''State'';

(iii) in subparagraph (C), by inserting ''preventing diversion of controlled substances,'' after ''treatment programs,''; and

(iv) in subparagraph (E), by striking ''as the State determines appropriate, related to addressing the opioid abuse crisis within the State'' and inserting ''as the State or Indian Tribe determines appropriate, related to addressing the opioid abuse crisis within the State, including directing resources in accordance with local needs related to substance use disorders'';

(6) in subsection (c), as so redesignated, by striking ''subsection (c)'' and inserting ''subsection (b)'';

(7) in subsection (d), as so redesignated—

(A) in the matter preceding paragraph (1), by striking ''the authorization of appropriations under subsection (b)'' and inserting ''subsection (h)''; and

(B) in paragraph (1), by striking ''subsection (c)'' and inserting ''subsection (b)''; and

(8) by inserting after subsection (d), as so redesignated, the following:

''(e) INDIAN TRIBES.—

''(1) DEFINITION.—For purposes of this section, the term 'Indian Tribe' has the meaning given the term 'Indian tribe' in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

''(2) APPROPRIATE MECHANISMS.—The Secretary, in consultation with Indian Tribes, shall identify and establish appropriate mechanisms for Tribes to demonstrate or report the information as required under subsections (b), (c), and (d).

''(f) REPORT TO CONGRESS.—Not later than 1 year after the date on which amounts are first awarded after the date of enactment of the Opioid Crisis Response Act of 2018, pursuant to subsection (b), and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing the information provided to the Secretary in reports made pursuant to subsection (c), including the purposes for which grant funds are awarded under this section and the activities of such grant recipients.

''(g) TECHNICAL ASSISTANCE.—The Secretary, including through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, shall provide State agencies and Indian Tribes, as applicable, with technical assistance concerning grant application and submission procedures under this section, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing the opioid crisis.

''(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated $500,000,000 for each of fiscal years 2019 through 2021, to remain available until expended.

''(i) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, 5 percent of such amount for such fiscal year shall be made available to Indian Tribes, and up to 15 percent of such amount for such fiscal year may be set aside for States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.''.

(b) CONFORMING AMENDMENT.—Section 1004(c) of the 21st Century Cures Act (Public Law 114–255) is amended by striking '', the FDA Innovation Account, or the Account For the State Response to the Opioid Abuse Crisis'' and inserting ''or the FDA Innovation Account''.

Subtitle B—Research and Innovation

SEC. 1201. ADVANCING CUTTING-EDGE RESEARCH.

Section 402(n)(1) of the Public Health Service Act (42 U.S.C. 282(n)(1)) is amended—

(1) in subparagraph (A), by striking ''or'';

(2) in subparagraph (B), by striking the period and inserting ''; or''; and

(3) by adding at the end the following:

''(C) high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat.''.

SEC. 1202. PAIN RESEARCH.

Section 409J(b) of the Public Health Service Act (42 U.S.C. 284q(b)) is amended—

(1) in paragraph (5)—

(A) in subparagraph (A), by striking ''and treatment of pain and diseases and disorders associated with pain'' and inserting ''treatment, and management of pain and diseases and disorders associated with pain, including information on best practices for utilization of non-pharmacologic treatments, non-addictive medical products, and other drugs or devices approved or cleared by the Food and Drug Administration'';

(B) in subparagraph (B), by striking ''on the symptoms and causes of pain;'' and inserting the following: ''on—

''(i) the symptoms and causes of pain, including the identification of relevant biomarkers and screening models and the epidemiology of acute and chronic pain;

''(ii) the diagnosis, prevention, treatment, and management of acute or chronic pain, including with respect to non-pharmacologic treatments, non-addictive medical products, and other drugs or devices approved or cleared by the Food and Drug Administration; and

''(iii) risk factors for, and early warning signs of, substance use disorders; and''; and

(C) by striking subparagraphs (C) through (E) and inserting the following:

''(C) make recommendations to the Director of NIH—

''(i) to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort;

''(ii) on how best to disseminate information on pain care and epidemiological data related to acute and chronic pain; and

''(iii) on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.'';

(2) by redesignating paragraph (6) as paragraph (7); and

(3) by inserting after paragraph (5) the following:

''(6) REPORT.—The Director of NIH shall ensure that recommendations and actions taken by the Director with respect to the topics discussed at the meetings described in paragraph (4) are included in appropriate reports to Congress.''.

SEC. 1203. REPORT ON SYNTHETIC DRUG USE.

(a) IN GENERAL.—Not later than 3 years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the health effects of new psychoactive substances, including synthetic drugs, by adolescents and young adults.

(b) NEW PSYCHOACTIVE SUBSTANCE DEFINED.—For purposes of subsection (a), the term ''new psychoactive substance'' means a controlled substance analogue (as defined in section 102(32) of the Controlled Substances Act (21 U.S.C. 802(32))).

Subtitle C—Medical Products and Controlled Substances Safety

SEC. 1301. CLARIFYING FDA REGULATION OF NON-ADDICTIVE PAIN PRODUCTS.

(a) PUBLIC MEETINGS.—Not later than one year after the date of enactment of this Act, the Secretary, acting through the Commissioner of Food and Drugs, shall hold not less than one public meeting to address the challenges and barriers of developing non-addictive medical products intended to treat pain or addiction, which may include—

(1) the manner by which the Secretary may incorporate the risks of misuse and abuse of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) into the risk benefit assessments under subsections (d) and (e) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), section 510(k) of such Act (21 U.S.C. 360(k)), or section 515(c) of such Act (21 U.S.C. 360e(c)), as applicable;

(2) the application of novel clinical trial designs (consistent with section 3021 of the 21st Century Cures Act (Public Law 114–255)), use of real world evidence (consistent with section 505F of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355g)), and use of patient experience data (consistent with section 569C of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–8c)) for the development of non-addictive medical products intended to treat pain or addiction;

(3) the evidentiary standards and the development of opioid sparing data for inclusion in the labeling of medical products; and

(4) the application of eligibility criteria under sections 506 and 515B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356, 360e–3) for non-addictive medical products intended to treat pain or addiction.

(b) GUIDANCE.—Not less than one year after the public meetings are conducted under subsection (a) the Secretary shall issue one or more final guidance documents, or update existing guidance documents, to help address challenges to developing non-addictive medical products to treat pain or addiction. Such guidance documents shall include information regarding—

(1) how the Food and Drug Administration may apply sections 506 and 515B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356, 360e–3) to non-addictive medical products intended to treat pain or addiction, including the circumstances under which the Secretary—

(A) may apply the eligibility criteria under such sections 506 and 515B to non-addictive medical products intended to treat pain or addiction;

(B) considers the risk of addiction of controlled substances approved to treat pain when establishing unmet medical need; and

(C) considers pain, pain control, or pain management in assessing whether a disease or condition is a serious or life-threatening disease or condition;

(2) the methods by which sponsors may evaluate acute and chronic pain, endpoints for non-addictive medical products intended

to treat pain, the manner in which endpoints and evaluations of efficacy will be applied across and within review divisions, taking into consideration the etiology of the underlying disease, and the manner in which sponsors may use surrogate endpoints, intermediate endpoints, and real world evidence;

(3) the manner in which the Food and Drug Administration will assess evidence to support the inclusion of opioid sparing data in the labeling of non-addictive medical products intended to treat pain, including—

(A) data collection methodologies, including the use of novel clinical trial designs (consistent with section 3021 of the 21st Century Cures Act (Public Law 114–255)) and real world evidence (consistent with section 505F of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355g)), as appropriate, to support product labeling;

(B) ethical considerations of exposing subjects to controlled substances in clinical trials to develop opioid sparing data and considerations on data collection methods that reduce harm, which may include the reduction of opioid use as a clinical benefit;

(C) endpoints, including primary, secondary, and surrogate endpoints, to evaluate the reduction of opioid use;

(D) best practices for communication between sponsors and the agency on the development of data collection methods, including the initiation of data collection; and

(E) the appropriate format in which to submit such data results to the Secretary; and

(4) the circumstances under which the Food and Drug Administration considers misuse and abuse of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) in making the risk benefit assessment under paragraphs (2) and (4) of subsection (d) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and in finding that a drug is unsafe under paragraph (1) or (2) of subsection (e) of such section.

(c) DEFINITIONS.—In this section—

(1) the term ''medical product'' means a drug (as defined in section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g)(1))), biological product (as defined in section 351(i) of the Public Health Service Act (42 U.S.C. 262(i))), or device (as defined in section 201(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(h))); and

(2) the term ''opioid sparing'' means reducing, replacing, or avoiding the use of opioids or other controlled substances.

SEC. 1302. CLARIFYING FDA PACKAGING AUTHORITIES.

(a) ADDITIONAL POTENTIAL ELEMENTS OF STRATEGY.—Section 505–1(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(e)) is amended by adding at the end the following:

''(4) PACKAGING AND DISPOSAL.—The Secretary may require a risk evaluation mitigation strategy for a drug for which there is a serious risk of an adverse drug experience described in subparagraph (B) or (C) of subsection (b)(1), taking into consideration the factors described in subparagraphs (C) and (D) of subsection (f)(2) and in consultation with other relevant Federal agencies with authorities over drug packaging, which may include requiring that—

''(A) the drug be made available for dispensing to certain patients in unit dose packaging, packaging that provides a set duration, or another packaging system that the Secretary determines may mitigate such serious risk; or

''(B) the drug be dispensed to certain patients with a safe disposal packaging or safe disposal system for purposes of rendering drugs non-retrievable (as defined in section 1300.05 of title 21, Code of Federal Regulations (or any successor regulation)) if the Secretary has determines that such safe disposal packaging or system may mitigate such serious risk and exists in sufficient quantities.''.

(b) ASSURING ACCESS AND MINIMIZING BURDEN.—Section 505–1(f)(2)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(f)(2)(C)) is amended—

(1) in clause (i) by striking ''and'' at the end; and

(2) by adding at the end the following:

''(iii) patients with functional needs; and''.

(c) APPLICATION TO ABBREVIATED NEW DRUG APPLICATIONS.—Section 505–1(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(i)) is amended—

(1) in paragraph (1)—

(A) by redesignating subparagraph (B) as subparagraph (C); and

(B) inserting after subparagraph (A) the following:

''(B) A packaging or disposal requirement, if required under subsection (e)(4) for the applicable listed drug.''; and

(2) in paragraph (2)—

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

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following:

''(B) shall permit packaging systems and safe disposal packaging or safe disposal systems that are different from those required for the applicable listed drug under subsection (e)(4); and''.

SEC. 1303. STRENGTHENING FDA AND CBP COORDINATION AND CAPACITY.

(a) IN GENERAL.—The Secretary, acting through the Commissioner of Food and Drugs, shall coordinate with the Secretary of Homeland Security to carry out activities related to customs and border protection and response to illegal controlled substances and drug imports, including at sites of import (such as international mail facilities). Such Secretaries may carry out such activities through a memorandum of understanding between the Food and Drug Administration and the U.S. Customs and Border Protection.

(b) FDA IMPORT FACILITIES AND INSPECTION CAPACITY.—

(1) IN GENERAL.—In carrying out this section, the Secretary shall, in collaboration with the Secretary of Homeland Security and the Postmaster General of the United States Postal Service, provide that import facilities in which the Food and Drug Administration operates or carries out activities related to drug imports within the international mail facilities include—

(A) facility upgrades and improved capacity in order to increase and improve inspection and detection capabilities, which may include, as the Secretary determines appropriate—

(i) improvements to facilities, such as upgrades or renovations, and support for the maintenance of existing import facilities and sites to improve coordination between Federal agencies;

(ii) the construction of, or upgrades to, laboratory capacity for purposes of detection and testing of imported goods;

(iii) upgrades to the security of import facilities; and

(iv) innovative technology and equipment to facilitate improved and near-real-time information sharing between the Food and Drug Administration, the Department of Homeland Security, and the United States Postal Service; and

(B) innovative technology, including controlled substance detection and testing equipment and other applicable technology, in order to collaborate with the U.S. Customs and Border Protection to share near-real-time information, including information about test results, as appropriate.

(2) INNOVATIVE TECHNOLOGY.—Any technology used in accordance with paragraph (1)(B) shall be interoperable with technology used by other relevant Federal agencies, including the U.S. Customs and Border Protection, as the Secretary determines appropriate.

(c) REPORT.—Not later than 6 months after the date of enactment of this Act, the Secretary, in consultation with the Secretary of Homeland Security and the Postmaster General of the United States Postal Service, shall report to the relevant committees of Congress on the implementation of this section, including a summary of progress made towards near-real-time information sharing and the interoperability of such technologies.

(d) AUTHORIZATION OF APPROPRIATIONS.—Out of amounts otherwise available to the Secretary, the Secretary may allocate such sums as may be necessary for purposes of carrying out this section.

SEC. 1304. CLARIFYING FDA POST-MARKET AUTHORITIES.

Section 505–1(b)(1)(E) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(b)(1)(E)) is amended by striking ''of the drug'' and inserting ''of the drug, which may include reduced effectiveness under the conditions of use prescribed in the labeling of such drug, but which may not include reduced effectiveness that is in accordance with such labeling''.

SEC. 1305. RESTRICTING ENTRANCE OF ILLICIT DRUGS.

(a) IN GENERAL.—The Secretary, acting through the Commissioner of Food and Drugs, upon discovering or receiving, in a package being offered for import, a controlled substance that is offered for import in violation of any requirement of the Controlled Substances Act (21 U.S.C. 801 et seq.), the Controlled Substances Import and Export Act (21 U.S.C. 951 et seq.), the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), or any other applicable law, shall transfer such package to the U.S. Customs and Border Protection. If the Secretary identifies additional packages that appear to be the same as such package containing a controlled substance, such additional packages may also be transferred to U.S. Customs and Border Protection. The U.S. Customs and Border Protection shall receive such packages consistent with the requirements of the Controlled Substances Act (21 U.S.C. 801 et seq.).

(b) DEBARMENT, TEMPORARY DENIAL OF APPROVAL, AND SUSPENSION.—

(1) IN GENERAL.—Section 306(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 335a(b)) is amended—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by inserting ''or (3)'' after ''paragraph (2)'';

(ii) in subparagraph (A), by striking the comma at the end and inserting a semicolon;

(iii) in subparagraph (B), by striking '', or'' and inserting a semicolon;

(iv) in subparagraph (C), by striking the period and inserting ''; or''; and

(v) by adding at the end the following:

''(D) a person from importing or offering for import into the United States a drug.''; and

(B) in paragraph (3)—

(i) in the heading, by striking ''FOOD'';

(ii) in subparagraph (A), by striking ''; or'' and inserting a semicolon;

(iii) in subparagraph (B), by striking the period and inserting a semicolon; and

(iv) by adding at the end the following:

''(C) the person has been convicted of a felony for conduct relating to the importation

into the United States of any drug or controlled substance (as defined in section 102 of the Controlled Substances Act);

''(D) the person has engaged in a pattern of importing or offering for import—

''(i) controlled substances that are prohibited from importation under section 401(m) of the Tariff Act of 1930 (19 U.S.C. 1401(m)); or

''(ii) adulterated or misbranded drugs that are—

''(I) not designated in an authorized electronic data interchange system as a product that is regulated by the Secretary; or

''(II) knowingly or intentionally falsely designated in an authorized electronic data interchange system as a product that is regulated by the Secretary.''.

(2) PROHIBITED ACT.—Section 301(cc) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331(cc)) is amended by inserting ''or a drug'' after ''food''.

(c) IMPORTS AND EXPORTS.—Section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) is amended—

(1) by striking the second sentence;

(2) by striking ''If it appears'' and inserting ''Subject to subsection (b), if it appears'';

(3) by striking ''regarding such article, then such article shall be refused'' and inserting the following: ''regarding such article, or (5) such article is being imported or offered for import in violation of section 301(cc), then any such article described in any of clauses (1) through (5) may be refused admission. If it appears from the examination of such samples or otherwise that the article is a counterfeit drug, such article shall be refused admission.'';

(4) by striking ''this Act, then such article shall be refused admission'' and inserting ''this Act, then such article may be refused admission''; and

(5) by striking ''Clause (2) of the third sentence'' and all that follows through the period at the end and inserting the following: ''Neither clause (2) nor clause (5) of the second sentence of this subsection shall be construed to prohibit the admission of narcotic drugs, the importation of which is permitted under the Controlled Substances Import and Export Act.''.

(d) CERTAIN ILLICIT ARTICLES.—Section 801 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381) is amended by adding at the end the following—

''(t) ILLICIT ARTICLES CONTAINING ACTIVE PHARMACEUTICAL INGREDIENTS.—

''(1) IN GENERAL.—For purposes of this section, an article that is being imported or offered for import into the United States may be treated by the Secretary as a drug if the article—

''(A) is not—

''(i) accompanied by an electronic import entry for such article submitted using an authorized electronic data interchange system; and

''(ii) designated in such a system as an article regulated by the Secretary (which may include regulation as a drug, a device, or a dietary supplement; and

''(B) is an ingredient that presents significant public health concern and is, or contains—

''(i) an active ingredient in a drug—

''(I) that is approved under section 505 or licensed under section 351 of the Public Health Service Act; or

''(II) for which—

''(aa) an investigational use exemption is in effect under section 505(i) of this Act or section 351(a) of the Public Health Service Act; and

''(bb) a substantial clinical investigation has been instituted, and such investigation has been made public; or

''(ii) a substance that has a chemical structure that is substantially similar to the chemical structure of an active ingredient in a drug or biological product described in subclause (I) or (II) of clause (i).

''(2) EFFECT.—This subsection shall not be construed to bear upon any determination of whether an article is a drug within the meaning of section 201(g), other than for the purposes described in paragraph (1).''.

SEC. 1306. FIRST RESPONDER TRAINING.

Section 546 of the Public Health Service Act (42 U.S.C. 290ee–1) is amended—

(1) in subsection (c)—

(A) in paragraph (2), by striking ''and'' at the end;

(B) in paragraph (3), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(4) train and provide resources for first responders and members of other key community sectors on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs to protect themselves from exposure to such drugs and respond appropriately when exposure occurs.'';

(2) in subsection (d), by striking ''and mechanisms for referral to appropriate treatment for an entity receiving a grant under this section'' and inserting ''mechanisms for referral to appropriate treatment, and safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs'';

(3) in subsection (f)—

(A) in paragraph (3), by striking ''and'' at the end;

(B) in paragraph (4), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(5) the number of first responders and members of other key community sectors trained on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.'';

(4) by redesignating subsection (g) as subsection (h);

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

''(g) OTHER KEY COMMUNITY SECTORS.—In this section, the term 'other key community sectors' includes substance abuse treatment providers, emergency medical services agencies, agencies and organizations working with prison and jail populations and offender reentry programs, health care providers, harm reduction groups, pharmacies, community health centers, tribal health facilities, and mental health providers.''; and

(6) in subsection (h), as so redesignated, by striking ''$12,000,000 for each of fiscal years 2017 through 2021'' and inserting ''$36,000,000 for each of fiscal years 2019 through 2023''.

SEC. 1307. DISPOSAL OF CONTROLLED SUBSTANCES OF HOSPICE PATIENTS.

(a) IN GENERAL.—Section 302(g) of the Controlled Substances Act (21 U.S.C. 822(g)) is amended by adding at the end the following:

''(5)(A) An employee of a qualified hospice program acting within the scope of employment may handle, in the place of residence of a hospice patient, any controlled substance that was lawfully dispensed to the hospice patient, for the purpose of assisting in the disposal of the controlled substance—

''(i) after the hospice patient's death;

''(ii) if the controlled substance is expired; or

''(iii) if—

''(I) the employee is—

''(aa) the physician of the hospice patient; and

''(bb) registered under section 303(f); and

''(II) the hospice patient no longer requires the controlled substance because the plan of care of the hospice patient has been modified.

''(B) In this paragraph:

''(i) The term 'employee of a qualified hospice program' means a physician, physician assistant, registered nurse, or nurse practitioner who—

''(I) is employed by, or is acting pursuant to arrangements made with, a qualified hospice program; and

''(II) is licensed or certified to perform such employment, or such activities arranged by the qualified hospice program, in accordance with applicable State law.

''(ii) The terms 'hospice care' and 'hospice program' have the meanings given those terms in section 1861(dd) of the Social Security Act (42 U.S.C. 1395x(dd)).

''(iii) The term 'hospice patient' means an individual receiving hospice care.

''(iv) The term 'qualified hospice program' means a hospice program that—

''(I) has written policies and procedures for employees of the hospice program to use when assisting in the disposal of the controlled substances of a hospice patient in a circumstance described in clause (i), (ii), or (iii) of subparagraph (A);

''(II) at the time when the controlled substances are first ordered—

''(aa) provides a copy of the written policies and procedures to the hospice patient or hospice patient representative and the family of the hospice patient;

''(bb) discusses the policies and procedures with the hospice patient or hospice patient's representative and the hospice patient's family in a language and manner that such individuals understand to ensure that such individuals are informed regarding the safe disposal of controlled substances; and

''(cc) documents in the clinical record of the hospice patient that the written policies and procedures were provided and discussed with the hospice patient or hospice patient's representative; and

''(III) at the time when an employee of the hospice program assists in the disposal of controlled substances of a hospice patient, documents in the clinical record of the hospice patient a list of all controlled substances disposed of.

''(C) The Attorney General may, by regulation, include additional types of licensed medical professionals in the definition of the term 'employee of a qualified hospice program' under subparagraph (B).''.

(b) NO REGISTRATION REQUIRED.—Section 302(c) of the Controlled Substances Act (21 U.S.C. 822(c)) is amended by adding at the end the following:

''(4) An employee of a qualified hospice program for the purpose of assisting in the disposal of a controlled substance in accordance with subsection (g)(5), except as provided in subparagraph (A)(iii) of that subsection.''.

(c) GUIDANCE.—The Attorney General may issue guidance to qualified hospice programs to assist the programs in satisfying the requirements under paragraph (5) of section 302(g) of the Controlled Substances Act (21 U.S.C. 822(g)), as added by subsection (a).

(d) STATE AND LOCAL AUTHORITY.—Nothing in this section or the amendments made by this section shall be construed to prevent a State or local government from imposing additional controls or restrictions relating to the regulation of the disposal of controlled substances in hospice care or hospice programs.

SEC. 1308. GAO STUDY AND REPORT ON HOSPICE SAFE DRUG MANAGEMENT.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall conduct a study on the requirements applicable to and challenges of hospice programs with regard to the management and disposal of

controlled substances in the home of an individual.

(2) CONTENTS.—In conducting the study under paragraph (1), the Comptroller General shall include—

(A) an overview of challenges encountered by hospice programs regarding the disposal of controlled substances, such as opioids, in a home setting, including any key changes in policies, procedures, or best practices for the disposal of controlled substances over time; and

(B) a description of Federal requirements, including requirements under the Medicare program, for hospice programs regarding the disposal of controlled substances in a home setting, and oversight of compliance with those requirements.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations, if any, for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 1309. DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY TO BE ADMINISTERED BY INJECTION OR IMPLANTATION.

(a) IN GENERAL.—The Controlled Substances Act is amended by inserting after section 309 (21 U.S.C. 829) the following:

''DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY TO AN ADMINISTERING PRACTITIONER

''SEC. 309A. (a) IN GENERAL.—Notwithstanding section 102(10), a pharmacy may deliver a controlled substance to a practitioner in accordance with a prescription that meets the requirements of this title and the regulations issued by the Attorney General under this title, for the purpose of administering the controlled substance by the practitioner if—

''(1) the controlled substance is delivered by the pharmacy to the prescribing practitioner or the practitioner administering the controlled substance, as applicable, at the location listed on the practitioner's certificate of registration issued under this title;

''(2) in the case of administering of the controlled substance for the purpose of maintenance or detoxification treatment under section 303(g)(2)—

''(A) the practitioner who issued the prescription is a qualifying practitioner authorized under, and acting within the scope of that section; and

''(B) the controlled substance is to be administered by injection or implantation;

''(3) the pharmacy and the practitioner are authorized to conduct the activities specified in this section under the law of the State in which such activities take place;

''(4) the prescription is not issued to supply any practitioner with a stock of controlled substances for the purpose of general dispensing to patients;

''(5) except as provided in subsection (b), the controlled substance is to be administered only to the patient named on the prescription not later than 14 days after the date of receipt of the controlled substance by the practitioner; and

''(6) notwithstanding any exceptions under section 307, the prescribing practitioner, and the practitioner administering the controlled substance, as applicable, maintain complete and accurate records of all controlled substances delivered, received, administered, or otherwise disposed of under this section, including the persons to whom controlled substances were delivered and such other information as may be required by regulations of the Attorney General.

''(b) MODIFICATION OF NUMBER OF DAYS BEFORE WHICH CONTROLLED SUBSTANCE SHALL BE ADMINISTERED.—

''(1) INITIAL 2-YEAR PERIOD.—During the 2-year period beginning on the date of enactment of this section, the Attorney General, in coordination with the Secretary, may reduce the number of days described in subsection (a)(5) if the Attorney General determines that such reduction will—

''(A) reduce the risk of diversion; or

''(B) protect the public health.

''(2) MODIFICATIONS AFTER SUBMISSION OF REPORT.—After the date on which the report described in subsection (c) is submitted, the Attorney General, in coordination with the Secretary, may modify the number of days described in subsection (a)(5).

''(3) MINIMUM NUMBER OF DAYS.—Any modification under this subsection shall be for a period of not less than 7 days.''.

(b) STUDY AND REPORT.—Not later than 2 years after the date of enactment of this section, the Comptroller General of the United States shall conduct a study and submit to Congress a report on access to and potential diversion of controlled substances administered by injection or implantation.

(c) TECHNICAL AND CONFORMING AMENDMENT.—The table of contents for the Comprehensive Drug Abuse Prevention and Control Act of 1970 is amended by inserting after the item relating to section 309 the following:

''Sec. 309A. Delivery of a controlled substance by a pharmacy to an administering practitioner.''.

Subtitle D—Treatment and Recovery

SEC. 1401. COMPREHENSIVE OPIOID RECOVERY CENTERS.

(a) IN GENERAL.—The Secretary shall award grants on a competitive basis to eligible entities to establish or operate a comprehensive opioid recovery center (referred to in this section as a ''Center''). A Center may be a single entity or an integrated delivery network.

(b) GRANT PERIOD.—

(1) IN GENERAL.—A grant awarded under subsection (a) shall be for a period not more than 5 years.

(2) RENEWAL.—A grant awarded under subsection (a) may be renewed, on a competitive basis, for additional periods of time, as determined by the Secretary. In determining whether to renew a grant under this paragraph, the Secretary shall consider the data submitted under subsection (h).

(c) MINIMUM NUMBER OF GRANTS.—The Secretary shall allocate the amounts made available under subsection (j) such that not fewer than 10 grants may be awarded. Not more than one grant shall be made to entities in a single State for any one period.

(d) APPLICATION.—

(1) ELIGIBLE ENTITY.—An entity is eligible for a grant under this section if the entity offers treatment and other services for individuals with a substance use disorder.

(2) SUBMISSION OF APPLICATION.—In order to be eligible for a grant under subsection (a), an entity shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

(A) evidence that such entity carries out, or is capable of coordinating with other entities to carry out, the activities described in subsection (g); and

(B) such other information as the Secretary may require.

(e) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to eligible entities located in a State or Indian Tribe with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention.

(f) PREFERENCE.—In awarding grants under subsection (a), the Secretary may give preference to eligible entities utilizing technology-enabled collaborative learning and capacity building models, including such models as defined in section 2 of the Expanding Capacity for Health Outcomes Act (Public Law 114–270; 130 Stat. 1395), to conduct the activities described in this section.

(g) CENTER ACTIVITIES.—Each Center shall, at a minimum, carry out the following activities directly, through referral, or through contractual arrangements, which may include carrying out such activities through technology-enabled collaborative learning and capacity building models described in subsection (f):

(1) TREATMENT AND RECOVERY SERVICES.—Each Center shall—

(A) ensure that intake and evaluations meet the individualized clinical needs of patients, including by offering assessments for services and care recommendations through independent, evidence-based verification processes for reviewing patient placement in treatment settings;

(B) provide the full continuum of treatment services, including—

(i) all drugs approved by the Food and Drug Administration to treat substance use disorders, pursuant to Federal and State law;

(ii) medically supervised withdrawal management that includes patient evaluation, stabilization, and readiness for and entry into treatment;

(iii) counseling provided by a program counselor or other certified professional who is licensed and qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan for the patient, and to monitor patient progress;

(iv) treatment, as appropriate, for patients with co-occurring substance use and mental disorders;

(v) testing, as appropriate, for infections commonly associated with illicit drug use;

(vi) residential rehabilitation, and outpatient and intensive outpatient programs;

(vii) recovery housing;

(viii) community-based and peer recovery support services;

(ix) job training, job placement assistance, and continuing education assistance to support reintegration into the workforce; and

(x) other best practices to provide the full continuum of treatment and services, as determined by the Secretary;

(C) ensure that all programs covered by the Center include medication-assisted treatment, as appropriate, and do not exclude individuals receiving medication-assisted treatment from any service;

(D) periodically conduct patient assessments to support sustained and clinically significant recovery, as defined by the Assistant Secretary for Mental Health and Substance Use;

(E) administer an onsite pharmacy and provide toxicology services, for purposes of carrying out this section; and

(F) operate a secure, confidential, and interoperable electronic health information system.

(2) OUTREACH.—Each Center shall carry out outreach activities to publicize the services offered through the Centers, which may include—

(A) training and supervising outreach staff, as appropriate, to work with State and local health departments, health care providers, the Indian Health Service, State and local educational agencies, schools funded by the Indian Bureau of Education, institutions of higher education, State and local workforce

development boards, State and local community action agencies, public safety officials, first responders, Indian Tribes, child welfare agencies, as appropriate, and other community partners and the public, including patients, to identify and respond to community needs;

(B) ensuring that the entities described in subparagraph (A) are aware of the services of the Center; and

(C) disseminating and making publicly available, including through the internet, evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring substance use and mental disorders.

(h) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant awarded under subsection (a), not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period (including the duration of any renewal period for such grant), the entity shall submit data, as appropriate, to the Secretary regarding—

(1) the programs and activities funded by the grant;

(2) health outcomes of the population of individuals with a substance use disorder who received services from the Center, evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary;

(3) the retention rate of program participants; and

(4) any other information that the Secretary may require for the purpose of ensuring that the Center is complying with all the requirements of the grant, including providing the full continuum of services described in subsection (g)(1)(B).

(i) PRIVACY.—The provisions of this section, including with respect to data reporting and program oversight, shall be subject to all applicable Federal and State privacy laws.

(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $10,000,000 for each of fiscal years 2019 through 2023 for purposes of carrying out this section.

(k) REPORTS TO CONGRESS.—

(1) PRELIMINARY REPORT.—Not later than 3 years after the date of the enactment of this Act, the Secretary shall submit to Congress a preliminary report that analyzes data submitted under subsection (h).

(2) FINAL REPORT.—Not later than 2 years after submitting the preliminary report required under paragraph (1), the Secretary shall submit to Congress a final report that includes—

(A) an evaluation of the effectiveness of the comprehensive services provided by the Centers established or operated pursuant to this section with respect to health outcomes of the population of individuals with substance use disorder who receive services from the Center, which shall include an evaluation of the effectiveness of services for treatment and recovery support and to reduce relapse, recidivism, and overdose; and

(B) recommendations, as appropriate, regarding ways to improve Federal programs related to substance use disorders, which may include dissemination of best practices for the treatment of substance use disorders to health care professionals.

SEC. 1402. PROGRAM TO SUPPORT COORDINATION AND CONTINUATION OF CARE FOR DRUG OVERDOSE PATIENTS.

(a) IN GENERAL.—The Secretary shall identify or facilitate the development of best practices for—

(1) emergency treatment of known or suspected drug overdose;

(2) the use of recovery coaches, as appropriate, to encourage individuals who experience a non-fatal overdose to seek treatment for substance use disorder and to support coordination and continuation of care;

(3) coordination and continuation of care and treatment, including, as appropriate, through referrals, of individuals after an opioid overdose; and

(4) the provision of overdose reversal medication, as appropriate.

(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

(1) IN GENERAL.—The Secretary shall award grants on a competitive basis to eligible entities to support implementation of voluntary programs for care and treatment of individuals after an opioid overdose, as appropriate, which may include implementation of the best practices described in subsection (a).

(2) ELIGIBLE ENTITY.—In this section, the term ''eligible entity'' means—

(A) a State alcohol or drug agency;

(B) an Indian Tribe or tribal organization; or

(C) an entity that offers treatment or other services for individuals in response to, or following, drug overdoses or a drug overdose, in consultation with a State alcohol and drug agency.

(3) APPLICATION.—An eligible entity desiring a grant under this section shall submit an application to the Secretary, at such time and in such manner as the Secretary may require, that includes—

(A) evidence that such eligible entity carries out, or is capable of contracting and coordinating with other community entities to carry out, the activities described in paragraph (4);

(B) evidence that such eligible entity will work with a recovery community organization to recruit, train, hire, mentor, and supervise recovery coaches and fulfill the requirements described in paragraph (4)(A); and

(C) such additional information as the Secretary may require.

(4) USE OF GRANT FUNDS.—An eligible entity awarded a grant under this section shall use such grant funds to—

(A) hire or utilize recovery coaches to help support recovery, including by—

(i) connecting patients to a continuum of care services, such as—

(I) treatment and recovery support programs;

(II) programs that provide non-clinical recovery support services;

(III) peer support networks;

(IV) recovery community organizations;

(V) health care providers, including physicians and other providers of behavioral health and primary care;

(VI) education and training providers;

(VII) employers;

(VIII) housing services; and

(IX) child welfare agencies;

(ii) providing education on overdose prevention and overdose reversal to patients and families, as appropriate;

(iii) providing follow-up services for patients after an overdose to ensure continued recovery and connection to support services;

(iv) collecting and evaluating outcome data for patients receiving recovery coaching services; and

(v) providing other services the Secretary determines necessary to help ensure continued connection with recovery support services, including culturally appropriate services, as applicable;

(B) establish policies and procedures, pursuant to Federal and State law, that address the provision of overdose reversal medication, the administration of all drugs approved by the Food and Drug Administration to treat substance use disorder, and subsequent continuation of, or referral to, evidence-based treatment for patients with a substance use disorder who have experienced a non-fatal drug overdose, in order to support long-term treatment, prevent relapse, and reduce recidivism and future overdose; and

(C) establish integrated models of care for individuals who have experienced a non-fatal drug overdose which may include patient assessment, follow up, and transportation to and from treatment facilities.

(5) ADDITIONAL PERMISSIBLE USES.—In addition to the uses described in paragraph (4), a grant awarded under this section may be used, directly or through contractual arrangements, to provide—

(A) all drugs approved by the Food and Drug Administration to treat substance use disorders, pursuant to Federal and State law;

(B) withdrawal and detoxification services that include patient evaluation, stabilization, and preparation for treatment of substance use disorder, including treatment described in subparagraph (A), as appropriate; or

(C) mental health services provided by a program counselor, social worker, therapist, or other certified professional who is licensed and qualified by education, training, or experience to assess the psychosocial background of patients, to contribute to the appropriate treatment plan for patients with substance use disorder, and to monitor patient progress.

(6) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to eligible entities that meet any or all of the following criteria:

(A) The eligible entity is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act (42 U.S.C. 1395x(mm)(1))), a low volume hospital (as defined in section 1886(d)(12)(C)(i) of such Act (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of such Act (42 U.S.C. 1395ww(d)(5)(D)(iii))).

(B) The eligible entity is located in a State, or under the jurisdiction of an Indian Tribe, with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention.

(C) The eligible entity demonstrates that recovery coaches will be placed in both health care settings and community settings.

(7) PERIOD OF GRANT.—A grant awarded to an eligible entity under this section shall be for a period of not more than 5 years.

(c) DEFINITIONS.—In this section:

(1) RECOVERY COACH.—the term ''recovery coach'' means an individual—

(A) with knowledge of, or experience with, recovery from a substance use disorder; and

(B) who has completed training from, and is determined to be in good standing by, a recovery services organization capable of conducting such training and making such determination.

(2) RECOVERY COMMUNITY ORGANIZATION.—The term ''recovery community organization'' has the meaning given such term in section 547(a) of the Public Health Service Act (42 U.S.C. 290ee–2(a)).

(3) STATE ALCOHOL AND DRUG AGENCY.—The term ''State alcohol and drug agency'' means the principal agency of a State that is responsible for carrying out the block grant for prevention and treatment of substance abuse under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.)

(d) REPORTING REQUIREMENTS.—

(1) REPORTS BY GRANTEES.—Each eligible entity awarded a grant under this section

shall submit to the Secretary an annual report for each year for which the entity has received such grant that includes information on—

(A) the number of individuals treated by the entity for non-fatal overdoses, including the number of non-fatal overdoses where overdose reversal medication was administered;

(B) the number of individuals administered medication-assisted treatment by the entity;

(C) the number of individuals referred by the entity to other treatment facilities after a non-fatal overdose, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals; and

(D) the frequency and number of patients with reoccurrences, including readmissions for non-fatal overdoses and evidence of relapse related to substance use disorder.

(2) REPORT BY SECRETARY.—Not later than 5 years after the date of enactment of this Act, the Secretary shall submit to Congress a report that includes an evaluation of the effectiveness of the grant program carried out under this section with respect to long term health outcomes of the population of individuals who have experienced a drug overdose, the percentage of patients treated or referred to treatment by grantees, and the frequency and number of patients who experienced relapse, were readmitted for treatment, or experienced another overdose.

(e) PRIVACY.—The requirements of this section, including with respect to data reporting and program oversight, shall be subject to all applicable Federal and State privacy laws.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2019 through 2023.

SEC. 1403. ALTERNATIVES TO OPIOIDS.

(a) IN GENERAL.—The Secretary shall, directly or through grants to, or contracts with, public and private entities, provide technical assistance to hospitals and other acute care settings on alternatives to opioids for pain management. The technical assistance provided shall be for the purpose of—

(1) utilizing information from acute care providers including emergency departments and other providers that have successfully implemented alternatives to opioids programs, promoting non-addictive protocols and medications while appropriately limiting the use of opioids;

(2) identifying or facilitating the development of best practices on the use of alternatives to opioids, which may include pain-management strategies that involve non-addictive medical products, non-pharmacologic treatments, and technologies or techniques to identify patients at risk for opioid use disorder;

(3) identifying or facilitating the development of best practices on the use of alternatives to opioids that target common painful conditions and include certain patient populations, such as geriatric patients, pregnant women, and children;

(4) disseminating information on the use of alternatives to opioids to providers in acute care settings, which may include emergency departments, outpatient clinics, critical access hospitals, Federally qualified health centers, Indian Health Service health facilities, and tribal hospitals; and

(5) collecting data and reporting on health outcomes associated with the use of alternatives to opioids.

(b) PAIN MANAGEMENT AND FUNDING.—

(1) IN GENERAL.—The Secretary shall award grants to hospitals and other acute care settings relating to alternatives to opioids for pain management.

(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $5,000,000 for each of fiscal years 2019 through 2023 for purposes of carrying out this section.

SEC. 1404. BUILDING COMMUNITIES OF RECOVERY.

Section 547 of the Public Health Service Act (42 U.S.C. 290ee–2) is amended to read as follows:

"SEC. 547. BUILDING COMMUNITIES OF RECOVERY.

''(a) DEFINITION.—In this section, the term 'recovery community organization' means an independent nonprofit organization that—

''(1) mobilizes resources within and outside of the recovery community, which may include through a peer support network, to increase the prevalence and quality of long-term recovery from substance use disorders; and

''(2) is wholly or principally governed by people in recovery for substance use disorders who reflect the community served.

''(b) GRANTS AUTHORIZED.—The Secretary shall award grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services.

''(c) FEDERAL SHARE.—The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.

''(d) USE OF FUNDS.—Grants awarded under subsection (b)—

''(1) shall be used to develop, expand, and enhance community and statewide recovery support services; and

''(2) may be used to—

''(A) build connections between recovery networks, including between recovery community organizations and peer support networks, and with other recovery support services, including—

''(i) behavioral health providers;

''(ii) primary care providers and physicians;

''(iii) educational and vocational schools;

''(iv) employers;

''(v) housing services;

''(vi) child welfare agencies; and

''(vii) other recovery support services that facilitate recovery from substance use disorders, including non-clinical community services;

''(B) reduce the stigma associated with substance use disorders; and

''(C) conduct outreach on issues relating to substance use disorders and recovery, including—

''(i) identifying the signs of substance use disorder;

''(ii) the resources available to individuals with substance use disorder and to families of an individual with a substance use disorder, including programs that mentor and provide support services to children;

''(iii) the resources available to help support individuals in recovery; and

''(iv) related medical outcomes of substance use disorders, the potential of acquiring an infection commonly associated with illicit drug use, and neonatal abstinence syndrome among infants exposed to opioids during pregnancy.

''(e) SPECIAL CONSIDERATION.—In carrying out this section, the Secretary shall give special consideration to the unique needs of rural areas, including areas with an age-adjusted rate of drug overdose deaths that is above the national average and areas with a shortage of prevention and treatment services.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2019 through 2023.''.

SEC. 1405. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.

(a) ESTABLISHMENT.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Abuse, shall establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support (referred to in this subsection as the ''Center'').

(b) FUNCTIONS.—The Center established under subsection (a) shall provide technical assistance and support to recovery community organizations and peer support networks, including such assistance and support related to—

(1) training on identifying—

(A) signs of substance use disorder;

(B) resources to assist individuals with a substance use disorder, or resources for families of an individual with a substance use disorder; and

(C) best practices for the delivery of recovery support services;

(2) the provision of translation services, interpretation, or other such services for clients with limited English speaking proficiency;

(3) data collection to support research, including for translational research;

(4) capacity building; and

(5) evaluation and improvement, as necessary, of the effectiveness of such services provided by recovery community organizations (as defined in section 547 of the Public Health Service Act).

(c) BEST PRACTICES.—The Center established under subsection (a) shall periodically issue best practices for use by recovery community organizations and peer support networks.

(d) RECOVERY COMMUNITY ORGANIZATION.—In this section, the term ''recovery community organization'' has the meaning given such term in section 547 of the Public Health Service Act.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2019 through 2023.

SEC. 1406. MEDICATION-ASSISTED TREATMENT FOR RECOVERY FROM ADDICTION.

(a) WAIVERS FOR MAINTENANCE TREATMENT OR DETOXIFICATION.—Section 303(g)(2)(G)(ii) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)(ii)) is amended by adding at the end the following:

''(VIII) The physician graduated in good standing from an accredited school of allopathic medicine or osteopathic medicine in the United States during the 5-year period immediately preceding the date on which the physician submits to the Secretary a written notification under subparagraph (B) and successfully completed a comprehensive allopathic or osteopathic medicine curriculum or accredited medical residency that—

''(aa) included not less than 24 hours of training on treating and managing opioid-dependent patients; and

''(bb) included, at a minimum—

''(AA) the training described in items (aa) through (gg) of subclause (IV); and

''(BB) training with respect to any other best practice the Secretary determines should be included in the curriculum, which may include training on pain management, including assessment and appropriate use of opioid and non-opioid alternatives.''.

(b) TREATMENT FOR CHILDREN.—The Secretary shall consider ways to ensure that an adequate number of physicians who meet the requirements under the amendment made by subsection (a) and have a specialty in pediatrics, or the treatment of children or of adolescents, are granted a waiver under section 303(g)(2) of the Controlled Substances Act (21

U.S.C. 823(g)(2)) to treat children and adolescents with substance use disorders.

(c) TECHNICAL AMENDMENT.—Section 102(24) of the Controlled Substances Act (21 U.S.C. 802(24)) is amended by striking ''Health, Education, and Welfare'' and inserting ''Health and Human Services''.

SEC. 1407. GRANT PROGRAM.

(a) IN GENERAL.—The Secretary shall establish a grant program under which the Secretary may make grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals located in the United States to support the development of curricula that meet the requirements under subclause (VIII) of section 303(g)(2)(G)(ii) of the Controlled Substances Act, as added by section 1406(a) of this Act.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for grants under subsection (a), $4,000,000 for each of fiscal years 2019 through 2023.

SEC. 1408. ALLOWING FOR MORE FLEXIBILITY WITH RESPECT TO MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDERS.

Subclause (II) of section 303(g)(2)(B)(iii) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)(iii)) is amended to read as follows:

''(II) The applicable number is—

''(aa) 100 if, not sooner than 1 year after the date on which the practitioner submitted the initial notification, the practitioner submits a second notification to the Secretary of the need and intent of the practitioner to treat up to 100 patients; or

''(bb) 275 if the practitioner meets the requirements specified in section 8.610 of title 42, Code of Federal Regulations (or successor regulations).''.

SEC. 1409. NATIONAL RECOVERY HOUSING BEST PRACTICES.

(a) BEST PRACTICES FOR OPERATING RECOVERY HOUSING.—

(1) IN GENERAL.—The Secretary, in consultation with the individuals and entities described in paragraph (2), shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.

(2) CONSULTATION.—In carrying out the activities described in paragraph (1) the Secretary shall consult with, as appropriate—

(A) relevant divisions of the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration, the Office of Inspector General, the Indian Health Service, and the Centers for Medicare & Medicaid Services;

(B) the Secretary of Housing and Urban Development;

(C) directors or commissioners, as applicable, of State health departments, tribal health departments, State Medicaid programs, and State insurance agencies;

(D) representatives of health insurance issuers;

(E) national accrediting entities and reputable providers of, and analysts of, recovery housing services, including Indian Tribes, tribal organizations, and tribally designated housing entities that provide recovery housing services, as applicable;

(F) individuals with a history of substance use disorder; and

(G) other stakeholders identified by the Secretary.

(b) IDENTIFICATION OF FRAUDULENT RECOVERY HOUSING OPERATORS.—

(1) IN GENERAL.—The Secretary, in consultation with the individuals and entities described in paragraph (2), shall identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.

(2) CONSULTATION.—In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate—

(A) relevant divisions of the Department of Health and Human Services, including the Substance Abuse and Mental Health Services Administration, the Office of Inspector General, the Indian Health Service, and the Centers for Medicare & Medicaid Services;

(B) the Attorney General;

(C) the Secretary of Housing and Urban Development;

(D) directors or commissioners, as applicable, of State health departments, tribal health departments, State Medicaid programs, and State insurance agencies;

(E) representatives of health insurance issuers;

(F) national accrediting entities and reputable providers of, and analysts of, recovery housing services, including Indian Tribes, tribal organizations, and tribally designated housing entities that provide recovery housing services, as applicable;

(G) individuals with a history of substance use disorder; and

(H) other stakeholders identified by the Secretary.

(3) REQUIREMENTS.—

(A) PRACTICES FOR IDENTIFICATION AND REPORTING.—In carrying out the activities described in this subsection, the Secretary shall consider how law enforcement, public and private payers, and the public can best identify and report fraudulent recovery housing operators.

(B) FACTORS TO BE CONSIDERED.—In carrying out the activities described in this subsection, the Secretary shall consider identifying or developing indicators regarding—

(i) unusual billing practices;

(ii) average lengths of stays;

(iii) excessive levels of drug testing (in terms of cost or frequency);

(iv) unusually high levels of recidivism; and

(v) any other factors identified by the Secretary.

(c) DISSEMINATION.—The Secretary shall, as appropriate, disseminate the best practices identified or developed under subsection (a), and the common indicators identified or developed under subsection (b), to—

(1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;

(2) Indian Tribes, tribal organizations, and tribally designated housing entities;

(3) the Attorney General;

(4) the Secretary of Labor;

(5) the Secretary of Housing and Urban Development;

(6) State and local law enforcement agencies;

(7) health insurance issuers;

(8) recovery housing entities; and

(9) the public.

(d) REQUIREMENTS.—In carrying out the activities under subsections (a) and (b), the Secretary, in consultation with appropriate stakeholders as described in each such subsection, shall consider how recovery housing is able to support recovery and prevent relapse, recidivism, or overdose (including overdose death), including by improving access and adherence to treatment, including medication-assisted treatment.

(e) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to provide the Secretary with the authority to require States to adhere to minimum standards in the State oversight of recovery housing.

(f) DEFINITIONS.—In this section—

(1) the term ''recovery housing'' means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders; and

(2) the term ''tribally designated housing entity'' has the meaning given such term in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103).

SEC. 1410. ADDRESSING ECONOMIC AND WORKFORCE IMPACTS OF THE OPIOID CRISIS.

(a) DEFINITIONS.—Except as otherwise expressly provided, in this section:

(1) WIOA DEFINITIONS.—The terms ''core program'', ''individual with a barrier to employment'', ''local area'', ''local board'', ''one-stop operator'', ''outlying area'', ''State'', ''State board'', and ''supportive services'' have the meanings given the terms in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(2) EDUCATION PROVIDER.—The term ''education provider'' means—

(A) an institution of higher education, as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001); or

(B) a postsecondary vocational institution, as defined in section 102(c) of such Act (20 U.S.C. 1002(c)).

(3) ELIGIBLE ENTITY.—The term ''eligible entity'' means—

(A) a State workforce agency;

(B) an outlying area; or

(C) a Tribal entity.

(4) PARTICIPATING PARTNERSHIP.—The term ''participating partnership'' means a partnership—

(A) evidenced by a written contract or agreement; and

(B) including, as members of the partnership, a local board receiving a subgrant under subsection (d) and 1 or more of the following:

(i) The eligible entity.

(ii) A treatment provider.

(iii) An employer or industry organization.

(iv) An education provider.

(v) A legal service or law enforcement organization.

(vi) A faith-based or community-based organization.

(vii) Other State or local agencies, including counties or local governments.

(viii) Other organizations, as determined to be necessary by the local board.

(ix) Indian Tribes or tribal organizations.

(5) PROGRAM PARTICIPANT.—The term ''program participant'' means an individual who—

(A) is a member of a population of workers described in subsection (e)(2) that is served by a participating partnership through the pilot program under this section; and

(B) enrolls with the applicable participating partnership to receive any of the services described in subsection (e)(3).

(6) PROVIDER OF PEER RECOVERY SUPPORT SERVICES.—The term ''provider of peer recovery support services'' means a provider that delivers peer recovery support services through an organization described in section 547(a) of the Public Health Service Act (42 U.S.C. 290ee–2(a)).

(7) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(8) STATE WORKFORCE AGENCY.—The term ''State workforce agency'' means the lead State agency with responsibility for the administration of a program under chapter 2 or 3 of subtitle B of title I of the Workforce Innovation and Opportunity Act (29 U.S.C. 3161 et seq., 3171 et seq.).

(9) SUBSTANCE USE DISORDER.—The term ''substance use disorder'' has the meaning given such term by the Assistant Secretary for Mental Health and Substance Use.

(10) TREATMENT PROVIDER.—The term ''treatment provider''—

(A) means a health care provider that—

(i) offers services for treating substance use disorders and is licensed in accordance with applicable State law to provide such services; and

(ii) accepts health insurance for such services, including coverage under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); and

(B) may include—

(i) a nonprofit provider of peer recovery support services;

(ii) a community health care provider;

(iii) a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x));

(iv) an Indian health program (as defined in section 3 of the Indian Health Care Improvement Act (25 U.S.C. 1603)), including an Indian health program that serves an urban center (as defined in such section); and

(v) a Native Hawaiian health center (as defined in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711)).

(11) TRIBAL ENTITY.—The term ''Tribal entity'' includes any Indian Tribe, tribal organization, Indian-controlled organization serving Indians, Native Hawaiian organization, or Alaska Native entity, as such terms are defined or used in section 166 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3221).

(b) PILOT PROGRAM AND GRANTS AUTHORIZED.—

(1) IN GENERAL.—The Secretary, in consultation with the Secretary of Health and Human Services, shall carry out a pilot program to address economic and workforce impacts associated with a high rate of a substance use disorder. In carrying out the pilot program, the Secretary shall make grants, on a competitive basis, to eligible entities to enable such entities to make subgrants to local boards to address the economic and workforce impacts associated with a high rate of a substance use disorder.

(2) GRANT AMOUNTS.—The Secretary shall make each such grant in an amount that is not less than $500,000, and not more than $5,000,000, for a fiscal year.

(c) GRANT APPLICATIONS.—

(1) IN GENERAL.—An eligible entity applying for a grant under this section shall submit an application to the Secretary at such time and in such form and manner as the Secretary may reasonably require, including the information described in this subsection.

(2) SIGNIFICANT IMPACT ON COMMUNITY BY OPIOID AND SUBSTANCE USE DISORDER-RELATED PROBLEMS.—

(A) DEMONSTRATION.—An eligible entity shall include in the application—

(i) information that demonstrates significant impact on the community by problems related to opioid abuse or another substance use disorder, by—

(I) identifying the counties, communities, regions, or local areas that have been significantly impacted and will be served through the grant (each referred to in this section as a ''service area''); and

(II) demonstrating for each such service area, an increase equal to or greater than the national increase in such problems, between—

(aa) 1999; and

(bb) 2016 or the latest year for which data are available; and

(ii) a description of how the eligible entity will prioritize support for significantly impacted service areas described in clause (i)(I).

(B) INFORMATION.—To meet the requirements described in subparagraph (A)(i)(II), the eligible entity may use information including data on—

(i) the incidence or prevalence of opioid abuse and other substance use disorders;

(ii) the age-adjusted rate of drug overdose deaths, as determined by the Director of the Centers for Disease Control and Prevention;

(iii) the rate of non-fatal hospitalizations related to opioid abuse or other substance use disorders;

(iv) the number of arrests or convictions, or a relevant law enforcement statistic, that reasonably shows an increase in opioid abuse or another substance use disorder; or

(v) in the case of an eligible entity described in subsection (a)(3)(C), other alternative relevant data as determined appropriate by the Secretary.

(C) SUPPORT FOR STATE STRATEGY.—The eligible entity may include in the application information describing how the proposed services and activities are aligned with the State, outlying area, or Tribal strategy, as applicable, for addressing problems described in subparagraph (A) in specific service areas or across the State, outlying area, or Tribal land.

(3) ECONOMIC AND EMPLOYMENT CONDITIONS DEMONSTRATE ADDITIONAL FEDERAL SUPPORT NEEDED.—

(A) DEMONSTRATION.—An eligible entity shall include in the application information that demonstrates that a high rate of a substance use disorder has caused, or is coincident to—

(i) an economic or employment downturn in the service area; or

(ii) persistent economically depressed conditions in such service area.

(B) INFORMATION.—To meet the requirements of subparagraph (A), an eligible entity may use information including—

(i) documentation of any layoff, announced future layoff, legacy industry decline, decrease in an employment or labor market participation rate, or economic impact, whether or not the result described in this clause is overtly related to a high rate of a substance use disorder;

(ii) documentation showing decreased economic activity related to, caused by, or contributing to a high rate of a substance use disorder, including a description of how the service area has been impacted, or will be impacted, by such a decrease;

(iii) information on economic indicators, labor market analyses, information from public announcements, and demographic and industry data;

(iv) information on rapid response activities (as defined in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102)) that have been or will be conducted, including demographic data gathered by employer or worker surveys or through other methods;

(v) data or documentation, beyond anecdotal evidence, showing that employers face challenges filling job vacancies due to a lack of skilled workers able to pass a drug test; or

(vi) any additional relevant data or information on the economy, workforce, or another aspect of the service area to support the application.

(d) SUBGRANT AUTHORIZATION AND APPLICATION PROCESS.—

(1) SUBGRANTS AUTHORIZED.—

(A) IN GENERAL.—An eligible entity receiving a grant under subsection (b)—

(i) may use not more than 5 percent of the grant funds for the administrative costs of carrying out the grant;

(ii) in the case of an eligible entity described in subparagraph (A) or (B) of subsection (a)(3), shall use the remaining grant funds to make subgrants to local entities in the service area to carry out the services and activities described in subsection (e); and

(iii) in the case of an eligible entity described in subsection (a)(3)(C), shall use the remaining grant funds to carry out the services and activities described in subsection (e).

(B) EQUITABLE DISTRIBUTION.—In making subgrants under this subsection, an eligible entity shall ensure, to the extent practicable, the equitable distribution of subgrants, based on—

(i) geography (such as urban and rural distribution); and

(ii) significantly impacted service areas as described in subsection (c)(2).

(C) TIMING OF SUBGRANT FUNDS DISTRIBUTION.—An eligible entity making subgrants under this subsection shall disburse subgrant funds to a local board receiving a subgrant from the eligible entity by the later of—

(i) the date that is 90 days after the date on which the Secretary makes the funds available to the eligible entity; or

(ii) the date that is 15 days after the date that the eligible entity makes the subgrant under subparagraph (A)(ii).

(2) SUBGRANT APPLICATION.—

(A) IN GENERAL.—A local board desiring to receive a subgrant under this subsection from an eligible entity shall submit an application at such time and in such manner as the eligible entity may reasonably require, including the information described in this paragraph.

(B) CONTENTS.—Each application described in subparagraph (A) shall include—

(i) an analysis of the estimated performance of the local board in carrying out the proposed services and activities under the subgrant—

(I) based on—

(aa) primary indicators of performance described in section 116(c)(1)(A)(i) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141(c)(1)(A)(i), to assess estimated effectiveness of the proposed services and activities, including the estimated number of individuals with a substance use disorder who may be served by the proposed services and activities;

(bb) the record of the local board in serving individuals with a barrier to employment; and

(cc) the ability of the local board to establish a participating partnership; and

(II) which may include or utilize—

(aa) data from the National Center for Health Statistics of the Centers for Disease Control and Prevention;

(bb) data from the Center for Behavioral Health Statistics and Quality of the Substance Abuse and Mental Health Services Administration;

(cc) State vital statistics;

(dd) municipal police department records;

(ee) reports from local coroners; or

(ff) other relevant data; and

(ii) in the case of a local board proposing to serve a population described in subsection (e)(2)(B), a demonstration of the workforce shortage in the professional area to be addressed under the subgrant (which may include substance use disorder treatment and related services, non-addictive pain therapy and pain management services, mental health care treatment services, emergency response services, or mental health care), which shall include information that can demonstrate such a shortage, such as—

(I) the distance between—

(aa) communities affected by opioid abuse or another substance use disorder; and

(bb) facilities or professionals offering services in the professional area; or

(II) the maximum capacity of facilities or professionals to serve individuals in an affected community, or increases in arrests related to opioid or another substance use disorder, overdose deaths, or nonfatal overdose emergencies in the community.

(e) SUBGRANT SERVICES AND ACTIVITIES.—

(1) IN GENERAL.—Each local board that receives a subgrant under subsection (d) shall carry out the services and activities described in this subsection through a participating partnership.

(2) SELECTION OF POPULATION TO BE SERVED.—A participating partnership shall elect to provide services and activities under the subgrant to one or both of the following populations of workers:

(A) Workers, including dislocated workers, individuals with barriers to employment, new entrants in the workforce, or incumbent workers (employed or underemployed), each of whom—

(i) is directly or indirectly affected by a high rate of a substance use disorder; and

(ii) voluntarily confirms that the worker, or a friend or family member of the worker, has a history of opioid abuse or another substance use disorder.

(B) Workers, including dislocated workers, individuals with barriers to employment, new entrants in the workforce, or incumbent workers (employed or underemployed), who—

(i) seek to transition to professions that support individuals with a substance use disorder or at risk for developing such disorder, such as professions that provide—

(I) substance use disorder treatment and related services;

(II) services offered through providers of peer recovery support services;

(III) non-addictive pain therapy and pain management services;

(IV) emergency response services; or

(V) mental health care; and

(ii) need new or upgraded skills to better serve such a population of struggling or at-risk individuals.

(3) SERVICES AND ACTIVITIES.—Each participating partnership shall use funds available through a subgrant under this subsection to carry out 1 or more of the following:

(A) ENGAGING EMPLOYERS.—Engaging with employers to—

(i) learn about the skill and hiring requirements of employers;

(ii) learn about the support needed by employers to hire and retain program participants, and other individuals with a substance use disorder, and the support needed by such employers to obtain their commitment to testing creative solutions to employing program participants and such individuals;

(iii) connect employers and workers to on-the-job or customized training programs before or after layoff to help facilitate reemployment;

(iv) connect employers with an education provider to develop classroom instruction to complement on-the-job learning for program participants and such individuals;

(v) help employers develop the curriculum design of a work-based learning program for program participants and such individuals;

(vi) help employers employ program participants or such individuals engaging in a work-based learning program for a transitional period before hiring such a program participant or individual for full-time employment of not less than 30 hours a week; or

(vii) connect employers to program participants receiving concurrent outpatient treatment and job training services.

(B) SCREENING SERVICES.—Providing screening services, which may include—

(i) using an evidence-based screening method to screen each individual seeking participation in the pilot program to determine whether the individual has a substance use disorder;

(ii) conducting an assessment of each such individual to determine the services needed for such individual to obtain or retain employment, including an assessment of strengths and general work readiness; or

(iii) accepting walk-ins or referrals from employers, labor organizations, or other entities recommending individuals to participate in such program.

(C) INDIVIDUAL TREATMENT AND EMPLOYMENT PLAN.—Developing an individual treatment and employment plan for each program participant—

(i) in coordination, as appropriate, with other programs serving the participant such as the core programs within the workforce development system under the Workforce Innovation and Opportunity Act (29 U.S.C. 3101 et seq.); and

(ii) which shall include providing a case manager to work with each participant to develop the plan, which may include—

(I) identifying employment and career goals;

(II) exploring career pathways that lead to in-demand industries and sectors, as determined by the State board and the head of the State workforce agency or, as applicable, the Tribal entity;

(III) setting appropriate achievement objectives to attain the employment and career goals identified under subclause (I); or

(IV) developing the appropriate combination of services to enable the participant to achieve the employment and career goals identified under subclause (I).

(D) OUTPATIENT TREATMENT AND RECOVERY CARE.—In the case of a participating partnership serving program participants described in paragraph (2)(A) with a substance use disorder, providing individualized and group outpatient treatment and recovery services for such program participants that are offered during the day and evening, and on weekends. Such treatment and recovery services—

(i) shall be based on a model that utilizes combined behavioral interventions and other evidence-based or evidence-informed interventions; and

(ii) may include additional services such as—

(I) health, mental health, addiction, or other forms of outpatient treatment that may impact a substance use disorder and co-occurring conditions;

(II) drug testing for a current substance use disorder prior to enrollment in career or training services or prior to employment;

(III) linkages to community services, including services offered by partner organizations designed to support program participants; or

(IV) referrals to health care, including referrals to substance use disorder treatment and mental health services.

(E) SUPPORTIVE SERVICES.—Providing supportive services, which shall include services such as—

(i) coordinated wraparound services to provide maximum support for program participants to assist the program participants in maintaining employment and recovery for not less than 12 months, as appropriate;

(ii) assistance in establishing eligibility for assistance under Federal, State, Tribal, and local programs providing health services, mental health services, vocational services, housing services, transportation services, social services, or services through early childhood education programs (as defined in section 103 of the Higher Education Act of 1965 (20 U.S.C. 1003));

(iii) services offered through providers of peer recovery support services;

(iv) networking and mentorship opportunities; or

(v) any supportive services determined necessary by the local board.

(F) CAREER AND JOB TRAINING SERVICES.—Offering career services and training services, and related services, concurrently or sequentially with the services provided under subparagraphs (B) through (E). Such services shall include the following:

(i) Services provided to program participants who are in a pre-employment stage of the program, which may include—

(I) initial education and skills assessments;

(II) traditional classroom training funded through individual training accounts under chapter 3 of subtitle B of title I of the Workforce Innovation and Opportunity Act (29 U.S.C. 3171 et seq.);

(III) services to promote employability skills such as punctuality, personal maintenance skills, and professional conduct;

(IV) in-depth interviewing and evaluation to identify employment barriers and to develop individual employment plans;

(V) career planning that includes—

(aa) career pathways leading to in-demand, high-wage jobs; and

(bb) job coaching, job matching, and job placement services;

(VI) provision of payments and fees for employment and training-related applications, tests, and certifications; or

(VII) any other appropriate career service or training service described in section 134(c) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3174(c)).

(ii) Services provided to program participants during their first 6 months of employment to ensure job retention, which may include—

(I) case management and support services, including a continuation of the services described in clause (i);

(II) a continuation of skills training, and career and technical education, described in clause (i) that is conducted in collaboration with the employers of such participants;

(III) mentorship services and job retention support for such participants; or

(IV) targeted training for managers and workers working with such participants (such as mentors), and human resource representatives in the business in which such participants are employed.

(iii) Services to assist program participants in maintaining employment for not less than 12 months, as appropriate.

(G) PROVEN AND PROMISING PRACTICES.—Leading efforts in the service area to identify and promote proven and promising strategies and initiatives for meeting the needs of employers and program participants.

(4) LIMITATIONS.—A participating partnership may not use—

(A) more than 10 percent of the funds received under a subgrant under subsection (d) for the administrative costs of the partnership;

(B) more than 10 percent of the funds received under such subgrant for the provision of treatment and recovery services, as described in paragraph (3)(D); and

(C) more than 10 percent of the funds received under such subgrant for the provision of supportive services described in paragraph (3)(E) to program participants.

(f) PERFORMANCE ACCOUNTABILITY.—

(1) REPORTS.—The Secretary shall establish quarterly reporting requirements for recipients of grants and subgrants under this section that, to the extent practicable, are based on the performance accountability system under section 116 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141) and, in the case of a grant awarded to an eligible entity described in subsection (a)(3)(C), section 166(h) of such Act (29 U.S.C. 3221(h)), including the indicators described in subsection (c)(1)(A)(i) of such section 116 and the

requirements for local area performance reports under subsection (d) of such section 116.

(2) EVALUATIONS.—

(A) AUTHORITY TO ENTER INTO AGREEMENTS.—The Secretary shall ensure that an independent evaluation is conducted on the pilot program carried out under this section to determine the impact of the program on employment of individuals with substance use disorders. The Secretary shall enter into an agreement with eligible entities receiving grants under this section to pay for all or part of such evaluation.

(B) METHODOLOGIES TO BE USED.—The independent evaluation required under this paragraph shall use experimental designs using random assignment or, when random assignment is not feasible, other reliable, evidence-based research methodologies that allow for the strongest possible causal inferences.

(g) FUNDING.—

(1) COVERED FISCAL YEAR.—In this subsection, the term ''covered fiscal year'' means any of fiscal years 2018 through 2023.

(2) USING FUNDING FOR NATIONAL DISLOCATED WORKER GRANTS.—Subject to paragraph (4) and notwithstanding section 132(a)(2)(A) and subtitle D of the Workforce Innovation and Opportunity Act (29 U.S.C. 3172(a)(2)(A), 3221 et seq.), the Secretary may use, to carry out the pilot program under this section for a covered fiscal year—

(A) funds made available to carry out section 170 of such Act (29 U.S.C. 3225) for that fiscal year;

(B) funds made available to carry out section 170 of such Act that remain available for that fiscal year; and

(C) funds that remain available under section 172(f) of such Act (29 U.S.C. 3227(f)).

(3) AVAILABILITY OF FUNDS.—Funds appropriated under section 136(c) of such Act (29 U.S.C. 3181(c)) and made available to carry out section 170 of such Act for a fiscal year shall remain available for use under paragraph (2) for a subsequent fiscal year until expended.

(4) LIMITATION.—The Secretary may not use more than $100,000,000 of the funds described in paragraph (2) for any covered fiscal year under this section.

SEC. 1411. CAREER ACT.

(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Labor, shall continue or establish a program to support individuals in recovery from a substance use disorder transition to independent living and the workforce.

(b) GRANTS AUTHORIZED.—In carrying out the activities under this section, the Secretary shall, on a competitive basis, award grants for a period of not more than 5 years to entities to enable such entities to carry out evidence-based programs to help individuals in recovery from a substance use disorder transition from treatment to independent living and the workforce. Such entities shall coordinate, as applicable, with Indian tribes or tribal organizations (as applicable), State boards and local boards (as defined in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102), lead State agencies with responsibility for a workforce investment activity (as defined in such section 3), and State agencies responsible for carrying out substance use disorder prevention and treatment programs.

(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to entities located in a State with—

(1) an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention;

(2) a rate of unemployment, based on data provided by the Bureau of Labor Statistics for calendar years 2013 through 2017, that is above the national average; and

(3) a rate of labor force participation, based on data provided by the Bureau of Labor Statistics for calendar years 2013 through 2017, that is below the national average.

(d) PREFERENCE.—In awarding grants under this section, the Secretary shall, as appropriate, give preference to entities located in an area with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate.

(e) APPLICATIONS.—An eligible entity shall submit an application at such time and in such manner as the Secretary may require. In submitting an application, the entity shall demonstrate the ability to partner with local stakeholders, which may include local employers, community stakeholders, the local workforce development board, and local and State governments, to—

(1) identify gaps in the workforce due to the prevalence of substance use disorders;

(2) in coordination with statewide employment and training activities, including coordination and alignment of activities carried out by entities provided grant funds under section 1410, help individuals in recovery from a substance use disorder transition into the workforce, including by providing career services, training services as described in paragraph (2) of section 134(c) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3174(c)), and related services described in section 134(a)(3) of such Act (42 U.S.C. 3174(a)); and

(3) assist employers with informing their employees of the resources, such as resources related to substance use disorders that are available to their employees.

(f) USE OF FUNDS.—An entity receiving a grant under this section shall use the funds to conduct one or more of the following activities:

(1) Hire case managers, care coordinators, providers of peer recovery support services, as described in section 547(a) of the Public Health Service Act (42 U.S.C. 290ee–2(a)), or other professionals, as appropriate, to provide services that support treatment, recovery, and rehabilitation, and prevent relapse, recidivism, and overdose, including by encouraging—

(A) the development of daily living skills; and

(B) the use of counseling, care coordination, and other services, as appropriate, to support recovery from substance use disorders.

(2) Implement or utilize innovative technologies, which may include the use of telemedicine.

(3) In coordination with the lead State agency with responsibility for a workforce investment activity or local board described in subsection (b), provide—

(A) short-term prevocational training services; and

(B) training services that are directly linked to the employment opportunities in the local area or the planning region.

(g) SUPPORT FOR STATE STRATEGY.—An eligible entity shall include in its application under subsection (e) information describing how the services and activities proposed in such application are aligned with the State, outlying area, or Tribal strategy, as applicable, for addressing issues described in such application and how such entity will coordinate with existing systems to deliver services as described in such application.

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary for each of fiscal years 2019 through 2023 for purposes of carrying out this section.

SEC. 1412. PILOT PROGRAM TO HELP INDIVIDUALS IN RECOVERY FROM A SUBSTANCE USE DISORDER BECOME STABLY HOUSED.

(a) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated under this section such sums as may be necessary for each of fiscal years 2019 through 2023 for assistance to States to provide individuals in recovery from a substance use disorder stable, temporary housing for a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier.

(b) ALLOCATION OF APPROPRIATED AMOUNTS.—

(1) IN GENERAL.—The amounts appropriated or otherwise made available to States under this section shall be allocated based on a funding formula established by the Secretary of Housing and Urban Development (referred to in this section as the ''Secretary'') not later than 60 days after the date of enactment of this Act.

(2) CRITERIA.—The funding formula required under paragraph (1) shall ensure that any amounts appropriated or otherwise made available under this section are allocated to States with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate, according to the Centers for Disease Control and Prevention. Among such States, priority shall be given to States with the greatest need, as such need is determined by the Secretary based on—

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

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

(C) 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.

(3) DISTRIBUTION.—Amounts appropriated or otherwise made available under this section shall be distributed according to the funding formula established by the Secretary under paragraph (1) not later than 30 days after the establishment of such formula.

(c) USE OF FUNDS.—

(1) IN GENERAL.—Any State that receives amounts pursuant to this section shall expend at least 30 percent of such funds within one year of the date funds become available to the grantee for obligation.

(2) PRIORITY.—Any State that receives amounts pursuant to this section shall distribute such amounts giving priority to entities with the greatest need and ability to deliver effective assistance in a timely manner.

(3) ADMINISTRATIVE COSTS.—Any State that receives amounts pursuant to this section may use up to 5 percent of any grant for administrative costs.

(d) RULES OF CONSTRUCTION.—

(1) IN GENERAL.—Except as otherwise provided by this section, amounts appropriated, or amounts otherwise made available to States under this section shall be treated as though such funds were community development block grant funds under title I of the Housing and Community Development Act of 1974 (42 U.S.C. 5301 et seq.).

(2) NO MATCH.—No matching funds shall be required in order for a State to receive any amounts under this section.

(e) AUTHORITY TO WAIVE OR SPECIFY ALTERNATIVE REQUIREMENTS.—

(1) IN GENERAL.—In administering any amounts appropriated or otherwise made available under this section, the Secretary may waive or specify alternative requirements for any provision of any statute or

regulation in connection with the obligation by the Secretary or the use of funds except for requirements related to fair housing, nondiscrimination, labor standards, and the environment, upon a finding that such a waiver is necessary to expedite or facilitate the use of such funds.

(2) NOTICE.—The Secretary shall provide written notice of its intent to exercise the authority to specify alternative requirements under paragraph (1) to the Committee on Banking, Housing, and Urban Affairs of the Senate and the Committee on Financial Services of the House of Representatives not later than 5 business days before such exercise of authority occurs.

(f) TECHNICAL ASSISTANCE.—For the 2-year period following the date of enactment of this Act, the Secretary may use not more than 2 percent of the funds made available under this section for technical assistance to grantees.

(g) STATE.—For purposes of this section the term ''State'' includes any State as defined in section 102 of the Housing and Community Development Act of 1974 (42 U.S.C. 5302) and the District of Columbia.

SEC. 1413. YOUTH PREVENTION AND RECOVERY.

(a) SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.—Section 514 of the Public Health Service Act (42 U.S.C. 290bb–7) is amended—

(1) in the section heading, by striking ''**CHILDREN AND ADOLESCENTS**'' and inserting ''**CHILDREN, ADOLESCENTS, AND YOUNG ADULTS**'';

(2) in subsection (a)(2), by striking ''children, including'' and inserting ''children, adolescents, and young adults, including''; and

(3) by striking ''children and adolescents'' each place it appears and inserting ''children, adolescents, and young adults''.

(b) RESOURCE CENTER.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use and, as appropriate, in consultation with the Secretary of Education and other agencies, shall establish a resource center to provide technical support to recipients of grants under subsection (c).

(c) YOUTH PREVENTION AND RECOVERY INITIATIVE.—

(1) IN GENERAL.—The Secretary, in consultation with the Secretary of Education, shall administer a program to provide support for communities to support the prevention of, treatment of, and recovery from, substance use disorders for children, adolescents, and young adults.

(2) DEFINITIONS.—In this subsection:

(A) ELIGIBLE ENTITY.—The term ''eligible entity'' means—

(i) a local educational agency that is seeking to establish or expand substance use prevention or recovery support services at one or more high schools;

(ii) a State educational agency;

(iii) an institution of higher education (or consortia of such institutions), which may include a recovery program at an institution of higher education;

(iv) a local board or one-stop operator;

(v) a nonprofit organization with appropriate expertise in providing services or programs for children, adolescents, or young adults, excluding a school;

(vi) a State, political subdivision of a State, Indian Tribe, or tribal organization; or

(vii) a high school or dormitory serving high school students that receives funding from the Bureau of Indian Education.

(B) EVIDENCE-BASED.—The term ''evidence-based'' has the meaning given such term in section 8101 of the Elementary and Secondary Education Act (20 U.S.C. 7801).

(C) FOSTER CARE.—The term ''foster care'' has the meaning given such term in section 1355.20(a) of title 45, Code of Federal Regulations (or any successor regulations).

(D) HIGH SCHOOL.—The term ''high school'' has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(E) HOMELESS YOUTH.—The term ''homeless youth'' has the meaning given the term ''homeless children or youths'' in section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(F) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001) and includes a ''postsecondary vocational institution'' as defined in section 102(c) of such Act (20 U.S.C. 1002(c)).

(G) LOCAL EDUCATIONAL AGENCY.—The term ''local educational agency'' has the meaning given the term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(H) LOCAL BOARD; ONE-STOP OPERATOR.—The terms ''local board'' and ''one-stop operator'' have the meanings given such terms in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(I) OUT OF SCHOOL YOUTH.—The term ''out-of-school youth'' has the meaning given such term in section 129(a)(1)(B) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3164(a)(1)(B)).

(J) RECOVERY PROGRAM.—The term ''recovery program'' means a program—

(i) to help children, adolescents, or young adults who are recovering from substance use disorders to initiate, stabilize, and maintain healthy and productive lives in the community; and

(ii) that includes peer-to-peer support delivered by individuals with lived experience in recovery, and communal activities to build recovery skills and supportive social networks.

(K) STATE EDUCATIONAL AGENCY.—The term ''State educational agency'' has the meaning given the term in section 8101 of the Elementary and Secondary Education Act (20 U.S.C. 7801).

(3) BEST PRACTICES.—The Secretary, in consultation with the Secretary of Education, shall—

(A) identify or facilitate the development of evidence-based best practices for prevention of substance misuse and abuse by children, adolescents, and young adults, including for specific populations such as youth in foster care, homeless youth, out-of-school youth, and youth who are at risk of or have experienced trafficking that address—

(i) primary prevention;

(ii) appropriate recovery support services;

(iii) appropriate use of medication-assisted treatment for such individuals, if applicable, and ways of overcoming barriers to the use of medication-assisted treatment in such population; and

(iv) efficient and effective communication, which may include the use of social media, to maximize outreach efforts;

(B) disseminate such best practices to State educational agencies, local educational agencies, schools and dormitories funded by the Bureau of Indian Education, institutions of higher education, recovery programs at institutions of higher education, local boards, one-stop operators, family and youth homeless providers, and nonprofit organizations, as appropriate;

(C) conduct a rigorous evaluation of each grant funded under this subsection, particularly its impact on the indicators described in paragraph (8)(B); and

(D) provide technical assistance for grantees under this subsection.

(4) GRANTS AUTHORIZED.—The Secretary, in consultation with the Secretary of Education, shall award 3-year grants, on a competitive basis, to eligible entities to enable such entities, in coordination with Indian Tribes, if applicable, and State agencies responsible for carrying out substance use disorder prevention and treatment programs, to carry out evidence-based programs for—

(A) prevention of substance misuse and abuse by children, adolescents, and young adults, which may include primary prevention;

(B) recovery support services for children, adolescents, and young adults, which may include counseling, job training, linkages to community-based services, family support groups, peer mentoring, and recovery coaching; or

(C) treatment or referrals for treatment of substance use disorders, which may include the use of medication-assisted treatment, as appropriate.

(5) SPECIAL CONSIDERATION.—In awarding grants under this subsection, the Secretary shall give special consideration to the unique needs of tribal, urban, suburban, and rural populations.

(6) APPLICATION.—To be eligible for a grant under this subsection, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require. Such application shall include—

(A) a description of—

(i) the impact of substance use disorders in the population that will be served by the grant program;

(ii) how the eligible entity has solicited input from relevant stakeholders, which may include faculty, teachers, staff, families, students, and experts in substance use prevention and treatment in developing such application;

(iii) the goals of the proposed project, including the intended outcomes;

(iv) how the eligible entity plans to use grant funds for evidence-based activities, in accordance with this subsection to prevent, provide recovery support for, or treat substance use disorders amongst such individuals, or a combination of such activities; and

(v) how the eligible entity will collaborate with relevant partners, which may include State educational agencies, local educational agencies, institutions of higher education, juvenile justice agencies, prevention and recovery support providers, local service providers, including substance use disorder treatment programs, providers of mental health services, youth serving organizations, family and youth homeless providers, child welfare agencies, and primary care providers, in carrying out the grant program; and

(B) an assurance that the eligible entity will participate in the evaluation described in paragraph (3)(C).

(7) PRIORITY.—In awarding grants under this subsection, the Secretary shall give priority to eligible entities that propose to use grant funds for activities that meet the criteria described in subclauses (I) and (II) of section 8101(21)(A)(i) of the Elementary and Secondary Education Act (20 U.S.C. 7801(21)(A)(i)).

(8) REPORTS TO THE SECRETARY.—Each eligible entity awarded a grant under this subsection shall submit to the Secretary a report at such time and in such manner as the Secretary may require. Such report shall include—

(A) a description of how the eligible entity used grant funds, in accordance with this subsection, including the number of children, adolescents, and young adults reached through programming; and

(B) a description, including relevant data, of how the grant program has made an impact on the intended outcomes described in paragraph (6)(A)(iii), including—

(i) indicators of student success, which, if the eligible entity is an educational institution, shall include student well-being and academic achievement;

(ii) substance use disorders amongst children, adolescents, and young adults, including the number of overdoses and deaths amongst children, adolescents, and young adults during the grant period; and

(iii) other indicators, as the Secretary determines appropriate.

(9) REPORT TO CONGRESS.—The Secretary shall, not later than October 1, 2022, submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce and the Committee on Education and the Workforce of the House of Representatives, a report summarizing the effectiveness of the grant program under this subsection, based on the information submitted in reports required under paragraph (8).

(10) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this subsection for each of fiscal years 2019 through 2023.

SEC. 1414. PLANS OF SAFE CARE.

Section 105(a) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)) is amended by adding at the end the following:

''(7) GRANTS TO STATES TO IMPROVE AND COORDINATE THEIR RESPONSE TO ENSURE THE SAFETY, PERMANENCY, AND WELL-BEING OF INFANTS AFFECTED BY SUBSTANCE USE.—

''(A) PROGRAM AUTHORIZED.—The Secretary shall make grants to States for the purpose of assisting child welfare agencies, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, implementing, and monitoring plans of safe care described in section 106(b)(2)(B)(iii).

''(B) DISTRIBUTION OF FUNDS.—

''(i) RESERVATIONS.—Of the amounts appropriated under subparagraph (H), the Secretary shall reserve—

''(I) no more than 3 percent for the purposes described in subparagraph (G); and

''(II) up to 3 percent for grants to Indian Tribes and tribal organizations to address the needs of infants born with, and identified as being affected by, substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder and their families or caregivers, which to the extent practicable, shall be consistent with the uses of funds described under subparagraph (D).

''(ii) ALLOTMENTS TO STATES AND TERRITORIES.—The Secretary shall allot the amount appropriated under subparagraph (H) that remains after application of clause (i) to each State that applies for such a grant, in an amount equal to the sum of—

''(I) $500,000; and

''(II) an amount that bears the same relationship to any funds appropriated under subparagraph (H) and remaining after application of clause (i), as the number of live births in the State in the previous calendar year bears to the number of live births in all States in such year.

''(iii) RATABLE REDUCTION.—If the amount appropriated under subparagraph (H) is insufficient to satisfy the requirements of clause (ii), the Secretary shall ratably reduce each allotment to a State.

''(C) APPLICATION.—A State desiring a grant under this paragraph shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

''(i) a description of—

''(I) the impact of substance use disorder in such State, including with respect to the substance or class of substances with the highest incidence of abuse in the previous year in such State, including—

''(aa) the prevalence of substance use disorder in such State;

''(bb) the aggregate rate of births in the State of infants affected by substance abuse or withdrawal symptoms or a fetal alcohol spectrum disorder (as determined by hospitals, insurance claims, claims submitted to the State Medicaid program, or other records), if available and to the extent practicable; and

''(cc) the number of infants identified, for whom a plan of safe care was developed, and for whom a referral was made for appropriate services, as reported under section 106(d)(18);

''(II) the challenges the State faces in developing, implementing, and monitoring plans of safe care in accordance with section 106(b)(2)(B)(iii);

''(III) the State's lead agency for the grant program and how that agency will coordinate with relevant State entities and programs, including the child welfare agency, the substance use disorder treatment agency, hospitals with labor and delivery units, health care providers, the public health and mental health agencies, programs funded by the Substance Abuse and Mental Health Services Administration that provide substance use disorder treatment for women, the State Medicaid program, the State agency administering the block grant program under title V of the Social Security Act (42 U.S.C. 701 et seq.), the State agency administering the programs funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act (42 U.S.C. 711), the State judicial system, and other agencies, as determined by the Secretary, and Indian Tribes and tribal organizations, as appropriate;

''(IV) how the State will monitor local development and implementation of plans of safe care, in accordance with section 106(b)(2)(B)(iii)(II), including how the State will monitor to ensure plans of safe care address differences between substance use disorder and medically supervised substance use, including for the treatment of a substance use disorder;

''(V) how the State meets the requirements of section 1927 of the Public Health Service Act (42 U.S.C. 300x–27);

''(VI) how the State plans to utilize funding authorized under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) to assist in carrying out any plan of safe care, including such funding authorized under section 471(e) of such Act (as in effect on October 1, 2018) for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs and funding authorized under such section 472(j) (as in effect on October 1, 2018) for children with a parent in a licensed residential family-based treatment facility for substance abuse; and

''(VII) an assessment of the treatment and other services and programs available in the State, to effectively carry out any plan of safe care developed, including identification of needed treatment, and other services and programs to ensure the well-being of young children and their families affected by substance use disorder, such as programs carried out under part C of the Individuals with Disabilities Education Act and comprehensive early childhood development services and programs such as Head Start programs;

''(ii) a description of how the State plans to use funds for activities described in subparagraph (D) for the purposes of ensuring State compliance with requirements under clauses (ii) and (iii) of section 106(b)(2)(B); and

''(iii) an assurance that the State will—

''(I) comply with this Act and parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.); and

''(II) comply with requirements to refer a child identified as substance-exposed to early intervention services as required pursuant to a grant under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

''(D) USES OF FUNDS.—Funds awarded to a State under this paragraph may be used for the following activities, which may be carried out by the State directly, or through grants or subgrants, contracts, or cooperative agreements:

''(i) Improving State and local systems with respect to the development and implementation of plans of safe care, which—

''(I) shall include parent and caregiver engagement, as required under section 106(b)(2)(B)(iii)(I), regarding available treatment and service options, which may include resources available for pregnant, perinatal, and postnatal women; and

''(II) may include activities such as—

''(aa) developing policies, procedures, or protocols for the administration or development of evidence-based and validated screening tools for infants who may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder and pregnant, perinatal, and postnatal women whose infants may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder;

''(bb) improving assessments used to determine the needs of the infant and family;

''(cc) improving ongoing case management services; and

''(dd) improving access to treatment services, which may be prior to the pregnant woman's delivery date.

''(ii) Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health facilities, and substance use disorder treatment agencies to ensure that—

''(I) appropriate notification to child protective services is made in a timely manner;

''(II) a plan of safe care is in place, in accordance with section 106(b)(2)(B)(iii), before the infant is discharged from the birth or health care facility; and

''(III) such health and related agency professionals are trained on how to follow such protocols and are aware of the supports that may be provided under a plan of safe care.

''(iii) Training health professionals and health system leaders, child welfare workers, substance use disorder treatment agencies, and other related professionals such as home visiting agency staff and law enforcement in relevant topics including—

''(I) State mandatory reporting laws and the referral and process requirements for notification to child protective services when child abuse or neglect reporting is not mandated;

''(II) the co-occurrence of pregnancy and substance use disorder, and implications of prenatal exposure;

''(III) the clinical guidance about treating substance use disorder in pregnant and postpartum women;

''(IV) appropriate screening and interventions for infants affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder and the requirements under section 106(b)(2)(B)(iii); and

''(V) appropriate multigenerational strategies to address the mental health needs of the parent and child together.

''(iv) Establishing partnerships, agreements, or memoranda of understanding between the lead agency and health professionals, health facilities, child welfare professionals, juvenile and family court judges, substance use and mental disorder treatment programs, early childhood education programs, and maternal and child health and early intervention professionals, including home visiting providers, peer-to-peer recovery programs such as parent mentoring programs, and housing agencies to facilitate the implementation of, and compliance with section 106(b)(2) and clause (ii) of this subparagraph, in areas which may include—

''(I) developing a comprehensive, multi-disciplinary assessment and intervention process for infants, pregnant women, and their families who are affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder, that includes meaningful engagement with and takes into account the unique needs of each family and addresses differences between medically supervised substance use, including for the treatment of substance use disorder, and substance use disorder;

''(II) ensuring that treatment approaches for serving infants, pregnant women, and perinatal and postnatal women whose infants may be affected by substance use, withdrawal symptoms, or a fetal alcohol spectrum disorder, are designed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and

''(III) increasing access to all evidence-based medication-assisted treatment approved by the Food and Drug Administration, behavioral therapy, and counseling services for the treatment of substance use disorders, as appropriate.

''(v) Developing and updating systems of technology for improved data collection and monitoring under section 106(b)(2)(B)(iii), including existing electronic medical records, to measure the outcomes achieved through the plans of safe care, including monitoring systems to meet the requirements of this Act and submission of performance measures.

''(E) REPORTING.—Each State that receives funds under this paragraph, for each year such funds are received, shall submit a report to the Secretary, disaggregated by geographic location, economic status, and major racial and ethnic groups, except that such disaggregation shall not be required if the results would reveal personally identifiable information on, with respect to infants identified under section 106(b)(2)(B)(ii)—

''(i) the number who experienced removal associated with parental substance use;

''(ii) the number who experienced removal and subsequently are reunified with parents, and the length of time between such removal and reunification;

''(iii) the number who are referred to community providers without a child protection case;

''(iv) the number who receive services while in the care of their birth parents;

''(v) the number who receive post-reunification services within 1 year after a reunification has occurred; and

''(vi) the number who experienced a return to out-of-home care within 1 year after reunification.

''(F) SECRETARY'S REPORT TO CONGRESS.—The Secretary shall submit an annual report to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Education and the Workforce and the Committee on Appropriations of the House of Representatives that includes the information described in subparagraph (E) and recommendations or observations on the challenges, successes, and lessons derived from implementation of the grant program.

''(G) RESERVATION OF FUNDS.—The Secretary shall use the amount reserved under subparagraph (B)(i)(I) for the purposes of—

''(i) providing technical assistance, including programs of in-depth technical assistance, to additional States, territories, and Indian Tribes and tribal organizations in accordance with the substance-exposed infant initiative developed by the National Center on Substance Abuse and Child Welfare;

''(ii) issuing guidance on the requirements of this Act with respect to infants born with and identified as being affected by substance use or withdrawal symptoms or fetal alcohol spectrum disorder, as described in clauses (ii) and (iii) of section 106(b)(2)(B), including by—

''(I) clarifying key terms; and

''(II) disseminating best practices on implementation of plans of safe care, on such topics as differential response, collaboration and coordination, and identification and delivery of services for different populations;

''(iii) supporting State efforts to develop information technology systems to manage plans of safe care; and

''(iv) preparing the Secretary's report to Congress described in subparagraph (F).

''(H) AUTHORIZATION OF APPROPRIATIONS.—To carry out the program under this paragraph, there is authorized to be appropriated $60,000,000 for each of fiscal years 2019 through 2023.''.

SEC. 1415. REGULATIONS RELATING TO SPECIAL REGISTRATION FOR TELEMEDICINE.

Section 311(h) of the Controlled Substances Act (21 U.S.C. 831(h)) is amended by striking paragraph (2) and inserting the following:

''(2) REGULATIONS.—

''(A) IN GENERAL.—Not later than 1 year after the date of enactment of the Opioid Crisis Response Act of 2018, in consultation with the Secretary, and in accordance with the procedure described in subparagraph (B), the Attorney General shall promulgate final regulations specifying—

''(i) the limited circumstances in which a special registration under this subsection may be issued; and

''(ii) the procedure for obtaining a special registration under this subsection.

''(B) PROCEDURE.—In promulgating final regulations under subparagraph (A), the Attorney General shall—

''(i) issue a notice of proposed rulemaking that includes a copy of the proposed regulations;

''(ii) provide a period of not less than 60 days for comments on the proposed regulations;

''(iii) finalize the proposed regulation not later than 6 months after the close of the comment period; and

''(iv) publish the final regulations not later than 30 days before the effective date of the final regulations.''.

SEC. 1416. NATIONAL HEALTH SERVICE CORPS BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS PROVIDING OBLIGATED SERVICE IN SCHOOLS AND OTHER COMMUNITY-BASED SETTINGS.

Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254*l* et seq.) is amended by adding at the end the following:

''SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS PROVIDING OBLIGATED SERVICE IN SCHOOLS AND OTHER COMMUNITY-BASED SETTINGS.

''(a) SCHOOLS AND COMMUNITY-BASED SETTINGS.—An entity to which a participant in the Scholarship Program or the Loan Repayment Program (referred to in this section as a 'participant') is assigned under section 333 may direct such participant to provide service as a behavioral or mental health professional at a school or other community-based setting located in a health professional shortage area.

''(b) OBLIGATED SERVICE.—

''(1) IN GENERAL.—Any service described in subsection (a) that a participant provides may count towards such participant's completion of any obligated service requirements under the Scholarship Program or the Loan Repayment Program, subject to any limitation imposed under paragraph (2).

''(2) LIMITATION.—The Secretary may impose a limitation on the number of hours of service described in subsection (a) that a participant may credit towards completing obligated service requirements, provided that the limitation allows a member to credit service described in subsection (a) for not less than 50 percent of the total hours required to complete such obligated service requirements.

''(c) RULE OF CONSTRUCTION.—The authorization under subsection (a) shall be notwithstanding any other provision of this subpart or subpart II.''.

SEC. 1417. LOAN REPAYMENT FOR SUBSTANCE USE DISORDER TREATMENT PROVIDERS.

(a) LOAN REPAYMENT FOR SUBSTANCE USE TREATMENT PROVIDERS.—The Secretary shall enter into contracts under section 338B of the Public Health Service Act (42 U.S.C. 254l–1) with eligible health professionals providing substance use disorder treatment services in substance use disorder treatment facilities, as defined by the Secretary.

(b) PROVISION OF SUBSTANCE USE DISORDER TREATMENT.—In carrying out the activities described in subsection (a)—

(1) each such facility shall be located in or serving a mental health professional shortage area designated under section 332 of the Public Health Service Act (42 U.S.C. 254e), or, as the Secretary determines appropriate, an area with an age-adjusted rate of drug overdose deaths that is above the national overdose mortality rate;

(2) section 331(a)(3)(D) of such Act (42 U.S.C. 254d(a)(3)(D)) shall be applied as if the term ''primary health services'' includes health services regarding substance use disorder treatment and infections associated with illicit drug use;

(3) section 331(a)(3)(E)(i) of such Act (42 U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the term ''behavioral and mental health professionals'' includes master's level, licensed substance use disorder treatment counselors, and other relevant professionals or paraprofessionals, as the Secretary determines appropriate; and

(4) such professionals and facilities shall provide—

(A) directly, or through the use of telehealth technology, and pursuant to Federal and State law, counseling by a program counselor or other certified professional who is licensed and qualified by education, training, or experience to assess the psychological and sociological background of patients, to contribute to the appropriate treatment plan for the patient, and to monitor progress; and

(B) medication-assisted treatment, including, to the extent practicable, all drugs approved by the Food and Drug Administration to treat substance use disorders, pursuant to Federal and State law.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $25,000,000 for each of fiscal years 2019 through 2023.

SEC. 1418. PROTECTING MOMS AND INFANTS.

(a) REPORT.—

(1) IN GENERAL.—Not later than 60 days after the date of enactment of this Act, the Secretary shall submit to the appropriate committees of Congress and make available to the public on the internet website of the Department of Health and Human Services a report regarding the implementation of the recommendations in the strategy relating to prenatal opioid use, including neonatal abstinence syndrome, developed pursuant to section 2 of the Protecting Our Infants Act of 2015 (Public Law 114–91). Such report shall include—

(A) an update on the implementation of the recommendations in the strategy, including information regarding the agencies involved in the implementation; and

(B) information on additional funding or authority the Secretary requires, if any, to implement the strategy, which may include authorities needed to coordinate implementation of such strategy across the Department of Health and Human Services.

(2) PERIODIC UPDATES.—The Secretary shall periodically update the report under paragraph (1).

(b) RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.—Section 508(s) of the Public Health Service Act (42 U.S.C. 290bb–1(s)) is amended by striking ''$16,900,000 for each of fiscal years 2017 through 2021'' and inserting ''$29,931,000 for each of fiscal years 2019 through 2023''.

SEC. 1419. EARLY INTERVENTIONS FOR PREGNANT WOMEN AND INFANTS.

(a) DEVELOPMENT OF EDUCATIONAL MATERIALS BY CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb–21(b)) is amended—

(1) in paragraph (13), by striking ''and'' at the end;

(2) in paragraph (14), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(15) in cooperation with relevant stakeholders and the Director of the Centers for Disease Control and Prevention, develop educational materials for clinicians to use with pregnant women for shared decisionmaking regarding pain management during pregnancy.''.

(b) GUIDELINES AND RECOMMENDATIONS BY CENTER FOR SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the Public Health Service Act (42 U.S.C. 290bb(b)) is amended—

(1) in paragraph (13), by striking ''and'' at the end;

(2) in paragraph (14), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

''(15) in cooperation with the Secretary, implement and disseminate, as appropriate, the recommendations in the report entitled 'Protecting Our Infants Act: Final Strategy' issued by the Department of Health and Human Services in 2017; and''.

(c) SUPPORT OF PARTNERSHIPS BY CENTER FOR SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the Public Health Service Act (42 U.S.C. 290bb(b)), as amended by subsection (b), is further amended by adding at the end the following:

''(16) in cooperation with relevant stakeholders, support public-private partnerships to assist with education about, and support with respect to, substance use disorder for pregnant women and health care providers who treat pregnant women and babies.''.

SEC. 1420. REPORT ON INVESTIGATIONS REGARDING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.

(a) IN GENERAL.—Section 13003 of the 21st Century Cures Act (Public Law 114–255) is amended—

(1) in subsection (a), by striking ''with findings of any serious violation regarding'' and inserting ''concerning''; and

(2) in subsection (b)(1)—

(A) by inserting ''complaints received and number of'' before ''closed''; and

(B) by inserting before the period '', and, for each such investigation closed, which agency conducted the investigation, whether the health plan that is the subject of the investigation is fully insured or not fully insured and a summary of any coordination between the applicable State regulators and the Department of Labor, the Department of Health and Human Services, or the Department of the Treasury, and references to any guidance provided by the agencies addressing the category of violation committed''.

(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to the second annual report required under such section 13003 and each such annual report thereafter.

Subtitle E—Prevention

SEC. 1501. STUDY ON PRESCRIBING LIMITS.

Not later than 2 years after the date of enactment of this Act, the Secretary, in consultation with the Attorney General, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the impact of Federal and State laws and regulations that limit the length, quantity, or dosage of opioid prescriptions. Such report shall address—

(1) the impact of such limits on—

(A) the incidence and prevalence of overdose related to prescription opioids;

(B) the incidence and prevalence of overdose related to illicit opioids;

(C) the prevalence of opioid use disorders;

(D) medically appropriate use of, and access to, opioids, including any impact on travel expenses and pain management outcomes for patients, whether such limits are associated with significantly higher rates of negative health outcomes, including suicide, and whether the impact of such limits differs based on the clinical indication for which opioids are prescribed;

(2) whether such limits lead to a significant increase in burden for prescribers of opioids or prescribers of treatments for opioid use disorder, including any impact on patient access to treatment, and whether any such burden is mitigated by any factors such as electronic prescribing or telemedicine; and

(3) the impact of such limits on diversion or misuse of any controlled substance in schedule II, III, or IV of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).

SEC. 1502. PROGRAMS FOR HEALTH CARE WORKFORCE.

(a) PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.—Section 759 of the Public Health Service Act (42 U.S.C. 294i) is amended—

(1) in subsection (a), by striking ''hospices, and other public and private entities'' and inserting ''hospices, tribal health programs (as defined in section 4 of the Indian Health Care Improvement Act), and other public and nonprofit private entities'';

(2) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking ''award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include'' and inserting ''entity receiving an award under this section shall develop a comprehensive education and training plan that includes'';

(B) in paragraph (1)—

(i) by inserting ''preventing,'' after ''diagnosing,''; and

(ii) by inserting ''non-addictive medical products and non-pharmacologic treatments and'' after ''including'';

(C) in paragraph (2)—

(i) by inserting ''Federal, State, and local'' after ''applicable''; and

(ii) by striking ''the degree to which'' and all that follows through ''effective pain care'' and inserting ''opioids'';

(D) in paragraph (3), by inserting '', integrated, evidence-based pain management, and, as appropriate, non-pharmacotherapy'' before the semicolon;

(E) in paragraph (4), by striking ''; and'' and inserting '';''; and

(F) by striking paragraph (5) and inserting the following:

''(5) recent findings, developments, and advancements in pain care research and the provision of pain care, which may include non-addictive medical products and non-pharmacologic treatments intended to treat pain; and

''(6) the dangers of opioid abuse and misuse, detection of early warning signs of opioid use disorders (which may include best practices related to screening for opioid use disorders, training on screening, brief intervention, and referral to treatment), and safe disposal options for prescription medications (including such options provided by law enforcement or other innovative deactivation mechanisms).'';

(3) in subsection (d), by inserting ''prevention,'' after ''diagnosis,''; and

(4) in subsection (e), by striking ''2010 through 2012'' and inserting ''2019 through 2023''.

(b) MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING PROGRAM.—Section 756(a) of the Public Health Service Act (42 U.S.C. 294e–1(a)) is amended—

(1) in paragraph (1), by inserting '', trauma,'' after ''focus on child and adolescent mental health''; and

(2) in paragraphs (2) and (3), by inserting ''trauma-informed care and'' before ''substance use disorder prevention and treatment services''.

SEC. 1503. EDUCATION AND AWARENESS CAMPAIGNS.

Section 102 of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114–198) is amended—

(1) by amending subsection (a) to read as follows:

''(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the heads of other departments and agencies, shall advance education and awareness regarding the risks related to misuse and abuse of opioids, as appropriate, which may include developing or improving existing programs, conducting activities, and awarding grants that advance the education and awareness of—

''(1) the public, including patients and consumers;

''(2) patients, consumers, and other appropriate members of the public, regarding such risks related to unused opioids and the dispensing options under section 309(f) of the Controlled Substances Act, as applicable;

''(3) providers, which may include—

''(A) providing for continuing education on appropriate prescribing practices;

''(B) education related to applicable State or local prescriber limit laws, information on the use of non-addictive alternatives for pain management, and the use of overdose reversal drugs, as appropriate;

''(C) disseminating and improving the use of evidence-based opioid prescribing guidelines across relevant health care settings, as appropriate, and updating guidelines as necessary;

''(D) implementing strategies, such as best practices, to encourage and facilitate the use

of prescriber guidelines, in accordance with State and local law;

''(E) disseminating information to providers about prescribing options for controlled substances, including such options under section 309(f) of the Controlled Substances Act, as applicable; and

''(F) disseminating information, as appropriate, on the National Pain Strategy developed by or in consultation with the Assistant Secretary for Health; and

''(4) other appropriate entities.''; and

(2) in subsection (b)—

(A) by striking ''opioid abuse'' each place such term appears and inserting ''opioid misuse and abuse''; and

(B) in paragraph (2), by striking ''safe disposal of prescription medications and other'' and inserting ''non-addictive treatment options, safe disposal options for prescription medications, and other applicable''.

SEC. 1504. ENHANCED CONTROLLED SUBSTANCE OVERDOSES DATA COLLECTION, ANALYSIS, AND DISSEMINATION.

Part J of title III of the Public Health Service Act is amended by inserting after section 392 (42 U.S.C. 280b–1) the following:

''SEC. 392A. ENHANCED CONTROLLED SUBSTANCE OVERDOSES DATA COLLECTION, ANALYSIS, AND DISSEMINATION.

''(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention, using the authority provided to the Director under section 392, may—

''(1) to the extent practicable, carry out and expand any controlled substance overdose data collection, analysis, and dissemination activity described in subsection (b);

''(2) provide training and technical assistance to States, localities, and Indian Tribes for the purpose of carrying out any such activity; and

''(3) award grants to States, localities, and Indian Tribes for the purpose of carrying out any such activity.

''(b) CONTROLLED SUBSTANCE OVERDOSE DATA COLLECTION AND ANALYSIS ACTIVITIES.—A controlled substance overdose data collection, analysis, and dissemination activity described in this subsection is any of the following activities:

''(1) Improving the timeliness of reporting aggregate data to the public, including data on fatal and nonfatal controlled substance overdoses.

''(2) Enhancing the comprehensiveness of controlled substance overdose data by collecting information on such overdoses from appropriate sources such as toxicology reports, autopsy reports, death scene investigations, and emergency department services.

''(3) Modernizing the system for coding causes of death related to controlled substance overdoses to use an electronic-based system.

''(4) Using data to help identify risk factors associated with controlled substance overdoses, including the delivery of certain health care services.

''(5) Supporting entities involved in reporting information on controlled substance overdoses, such as coroners and medical examiners, to improve accurate testing and standardized reporting of causes and contributing factors of such overdoses, and analysis of various opioid analogues to controlled substance overdoses.

''(6) Working to enable and encourage the access, exchange, and use of data regarding controlled substances overdoses among data sources and entities.

''(c) DEFINITIONS.—In this section—

''(1) the term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act; and

''(2) the term 'Indian Tribe' has the meaning given the term 'Indian tribe' in section 4 of the Indian Self-Determination and Education Assistance Act.''.

SEC. 1505. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.), as amended by section 504, is further amended by inserting after section 392A the following:

''SEC. 392B. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

''(a) PREVENTION ACTIVITIES.—

''(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention (referred to in this section as the 'Director'), using the authority provided to the Director under section 392, may—

''(A) to the extent practicable, carry out and expand any prevention activity described in paragraph (2);

''(B) provide training and technical assistance to States, localities, and Indian Tribes to carry out any such activity; and

''(C) award grants to States, localities, and Indian Tribes for the purpose of carrying out any such activity.

''(2) PREVENTION ACTIVITIES.—A prevention activity described in this paragraph is an activity to improve the efficiency and use of a new or currently operating prescription drug monitoring program, such as—

''(A) encouraging all authorized users (as specified by the State or other entity) to register with and use the program;

''(B) enabling such users to access any data updates in as close to real-time as practicable;

''(C) providing for a mechanism for the program to notify authorized users of any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing or dispensing practices relating to such substances;

''(D) encouraging the analysis of prescription drug monitoring data for purposes of providing de-identified, aggregate reports based on such analysis to State public health agencies, State alcohol and drug agencies, State licensing boards, and other appropriate State agencies, as permitted under applicable Federal and State law and the policies of the prescription drug monitoring program and not containing any protected health information, to prevent inappropriate prescribing, drug diversion, or abuse and misuse of controlled substances, and to facilitate better coordination among agencies;

''(E) enhancing interoperability between the program and any health information technology (including certified health information technology), including by integrating program data into such technology;

''(F) updating program capabilities to respond to technological innovation for purposes of appropriately addressing the occurrence and evolution of controlled substance overdoses;

''(G) developing or enhancing data exchange with other sources such as the Medicaid agency, the Medicare program, pharmacy benefit managers, coroners' reports, and workers' compensation data;

''(H) facilitating and encouraging data exchange between the program and the prescription drug monitoring programs of other States;

''(I) enhancing data collection and quality, including improving patient matching and proactively monitoring data quality; and

''(J) providing prescriber and dispenser practice tools, including prescriber practice insight reports for practitioners to review their prescribing patterns in comparison to such patters of other practitioners in the specialty.

''(b) ADDITIONAL GRANTS.—The Director may award grants to States, localities, and Indian Tribes—

''(1) to carry out innovative projects for grantees to rapidly respond to controlled substance misuse, abuse, and overdoses, including changes in patterns of controlled substance use; and

''(2) for any other evidence-based activity for preventing controlled substance misuse, abuse, and overdoses as the Director determines appropriate.

''(c) RESEARCH.—The Director, in coordination with the Assistant Secretary for Mental Health and Substance Use and the National Mental Health and Substance Use Policy Laboratory established under section 501A, as appropriate and applicable, may conduct studies and evaluations to address substance use disorders, including preventing substance use disorders or other related topics the Director determines appropriate.

''(d) PUBLIC AND PRESCRIBER EDUCATION.—Pursuant to section 102 of the Comprehensive Addiction and Recovery Act of 2016, the Director may advance the education and awareness of prescribers and the public regarding the risk of abuse and misuse of prescription opioids.

''(e) DEFINITIONS.—In this section—

''(1) the term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act; and

''(2) the term 'Indian Tribe' has the meaning given the term 'Indian tribe' in section 4 of the Indian Self-Determination and Education Assistance Act.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, section 392A of this Act, and section 102 of the Comprehensive Addiction and Recovery Act of 2016, there is authorized to be appropriated $486,000,000 for each of fiscal years 2019 through 2024.''.

SEC. 1506. CDC SURVEILLANCE AND DATA COLLECTION FOR CHILD, YOUTH, AND ADULT TRAUMA.

(a) DATA COLLECTION.—The Director of the Centers for Disease Control and Prevention (referred to in this section as the ''Director'') may, in cooperation with the States, collect and report data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and other relevant public health surveys or questionnaires.

(b) TIMING.—The collection of data under subsection (a) may occur in fiscal year 2019 and every 2 years thereafter.

(c) DATA FROM RURAL AREAS.—The Director shall encourage each State that participates in collecting and reporting data under subsection (a) to collect and report data from tribal and rural areas within such State, in order to generate a statistically reliable representation of such areas.

(d) DATA FROM TRIBAL AREAS.—The Director may, in cooperation with Indian Tribes and pursuant to a written request from an Indian Tribe, provide technical assistance to such Indian Tribe to collect and report data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, or another relevant public health survey or questionnaire.

(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for the period of fiscal years 2019 through 2021.

SEC. 1507. REAUTHORIZATION OF NASPER.

Section 399O of the Public Health Service Act (42 U.S.C. 280g–3) is amended—

(1) in subsection (a)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking ''in consultation with the Administrator of the Substance Abuse and Mental Health Services Administration and Director of the Centers

for Disease Control and Prevention'' and inserting ''in coordination with the Director of the Centers for Disease Control and the heads of other departments and agencies as appropriate''; and

(B) by adding at the end the following:

''(4) STATES AND LOCAL GOVERNMENTS.—

''(A) IN GENERAL.—In the case of a State that does not have a prescription drug monitoring program, a county or other unit of local government within the State that has a prescription drug monitoring program shall be treated as a State for purposes of this section, including for purposes of eligibility for grants under paragraph (1).

''(B) PLAN FOR INTEROPERABILITY.—For purposes of meeting the interoperability requirements under subsection (c)(3), a county or other unit of local government shall submit a plan outlining the methods such county or unit of local government will use to ensure the capability of data sharing with other counties and units of local government within the State and with other States, as applicable.'';

(2) in subsection (c)—

(A) in paragraph (1)(A)(iii)—

(i) by inserting ''as such standards become available,'' after ''interoperability standards,''; and

(ii) by striking ''generated or identified by the Secretary or his or her designee'' and inserting ''recognized by the Office of the National Coordinator for Health Information Technology''; and

(B) in paragraph (3)(A), by inserting ''including electronic health records,'' after ''technology systems,'';

(3) in subsection (d)(1), by striking ''not later than 1 week after the date of such dispensing'' and inserting ''in as close to real time as practicable'';

(4) in subsection (f)—

(A) in paragraph (1)(D), by striking ''medicaid'' and inserting ''Medicaid''; and

(B) in paragraph (2)—

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

(ii) in subparagraph (B), by striking the period and inserting a semicolon; and

(iii) by adding at the end the following:

''(C) may conduct analyses of controlled substance program data for purposes of providing appropriate State agencies with aggregate reports based on such analyses in as close to real-time as practicable, regarding prescription patterns flagged as potentially presenting a risk of misuse, abuse, addiction, overdose, and other aggregate information, as appropriate and in compliance with applicable Federal and State laws and provided that such reports shall not include protected health information; and

''(D) may access information about prescriptions, such as claims data, to ensure that such prescribing and dispensing history is updated in as close to real-time as practicable, in compliance with applicable Federal and State laws and provided that such information shall not include protected health information.'';

(5) in subsection (i), by inserting '', in collaboration with the National Coordinator for Health Information Technology and the Director of the National Institute of Standards and Technology,'' after ''The Secretary''; and

(6) in subsection (n), by striking ''2021'' and inserting ''2026''.

SEC. 1508. JESSIE'S LAW.

(a) BEST PRACTICES.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, in consultation with appropriate stakeholders, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and a health care provider, shall identify or facilitate the development of best practices regarding—

(A) the circumstances under which information that a patient has provided to a health care provider regarding such patient's history of opioid use disorder should, only at the patient's request, be prominently displayed in the medical records (including electronic health records) of such patient;

(B) what constitutes the patient's request for the purpose described in subparagraph (A); and

(C) the process and methods by which the information should be so displayed.

(2) DISSEMINATION.—The Secretary shall disseminate the best practices developed under paragraph (1) to health care providers and State agencies.

(b) REQUIREMENTS.—In identifying or facilitating the development of best practices under subsection (a), as applicable, the Secretary, in consultation with appropriate stakeholders, shall consider the following:

(1) The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.

(2) The benefits of displaying information about a patient's opioid use disorder history in a manner similar to other potentially lethal medical concerns, including drug allergies and contraindications.

(3) The importance of prominently displaying information about a patient's opioid use disorder when a physician or medical professional is prescribing medication, including methods for avoiding alert fatigue in providers.

(4) The importance of a variety of appropriate medical professionals, including physicians, nurses, and pharmacists, having access to information described in this section when prescribing or dispensing opioid medication, consistent with Federal and State laws and regulations.

(5) The importance of protecting patient privacy, including the requirements related to consent for disclosure of substance use disorder information under all applicable laws and regulations.

(6) All applicable Federal and State laws and regulations.

SEC. 1509. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.

(a) INITIAL PROGRAMS AND MATERIALS.—Not later than 1 year after the date of the enactment of this Act, the Secretary, in consultation with appropriate experts, shall identify the following model programs and materials (or if no such programs or materials exist, recognize private or public entities to develop and disseminate such programs and materials):

(1) Model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, psychologists, counselors, therapists, nurse practitioners, physician assistants, behavioral health facilities and clinics, care managers, and hospitals, including individuals such as general counsels or regulatory compliance staff who are responsible for establishing provider privacy policies) concerning the permitted uses and disclosures, consistent with the standards and regulations governing the privacy and security of substance use disorder patient records promulgated by the Secretary under section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) for the confidentiality of patient records.

(2) Model programs and materials for training patients and their families regarding their rights to protect and obtain information under the standards and regulations described in paragraph (1).

(b) REQUIREMENTS.—The model programs and materials described in paragraphs (1) and (2) of subsection (a) shall address circumstances under which disclosure of substance use disorder patient records is needed to—

(1) facilitate communication between substance use disorder treatment providers and other health care providers to promote and provide the best possible integrated care;

(2) avoid inappropriate prescribing that can lead to dangerous drug interactions, overdose, or relapse; and

(3) notify and involve families and caregivers when individuals experience an overdose.

(c) PERIODIC UPDATES.—The Secretary shall—

(1) periodically review and update the model program and materials identified or developed under subsection (a); and

(2) disseminate such updated programs and materials to the individuals described in subsection (a)(1).

(d) INPUT OF CERTAIN ENTITIES.—In identifying, reviewing, or updating the model programs and materials under this section, the Secretary shall solicit the input of relevant stakeholders.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2019 through 2023.

SEC. 1510. COMMUNICATION WITH FAMILIES DURING EMERGENCIES.

(a) PROMOTING AWARENESS OF AUTHORIZED DISCLOSURES DURING EMERGENCIES.—The Secretary shall annually notify health care providers regarding permitted disclosures during emergencies, including overdoses, of certain health information to families and caregivers under Federal health care privacy laws and regulations.

(b) USE OF MATERIAL.—For the purposes of carrying out subsection (a), the Secretary may use material produced under section 1509 of this Act or under section 11004 of the 21st Century Cures Act (42 U.S.C. 1320d–2 note).

SEC. 1511. PRENATAL AND POSTNATAL HEALTH.

Section 317L of the Public Health Service Act (42 U.S.C. 247b–13) is amended—

(1) in subsection (a)—

(A) by amending paragraph (1) to read as follows:

''(1) to collect, analyze, and make available data on prenatal smoking and alcohol and substance abuse and misuse, including—

''(A) data on—

''(i) the incidence, prevalence, and implications of such activities; and

''(ii) the incidence and prevalence of implications and outcomes, including neonatal abstinence syndrome and other maternal and child health outcomes associated with such activities; and

''(B) to inform such analysis, additional information or data on family health history, medication exposures during pregnancy, demographic information, such as race, ethnicity, geographic location, and family history, and other relevant information, as appropriate;'';

(B) in paragraph (2)—

(i) by striking ''prevention of'' and inserting ''prevention and long-term outcomes associated with''; and

(ii) by striking ''illegal drug use'' and inserting ''substance abuse and misuse'';

(C) in paragraph (3), by striking ''and cessation programs; and'' and inserting '', treatment, and cessation programs;'';

(D) in paragraph (4), by striking ''illegal drug use.'' and inserting ''substance abuse and misuse; and''; and

(E) by adding at the end the following:

''(5) to issue public reports on the analysis of data described in paragraph (1), including analysis of—

''(A) long-term outcomes of children affected by neonatal abstinence syndrome;

''(B) health outcomes associated with prenatal smoking, alcohol, and substance abuse and misuse; and

''(C) relevant studies, evaluations, or information the Secretary determines to be appropriate.'';

(2) in subsection (b), by inserting ''tribal entities,'' after ''local governments,'';

(3) by redesignating subsection (c) as subsection (d);

(4) by inserting after subsection (b) the following:

''(c) COORDINATING ACTIVITIES.—To carry out this section, the Secretary may—

''(1) provide technical and consultative assistance to entities receiving grants under subsection (b);

''(2) ensure a pathway for data sharing between States, tribal entities, and the Centers for Disease Control and Prevention;

''(3) ensure data collection under this section is consistent with applicable State, Federal, and Tribal privacy laws; and

''(4) coordinate with the National Coordinator for Health Information Technology, as appropriate, to assist States and Tribes in implementing systems that use standards recognized by such National Coordinator, as such recognized standards are available, in order to facilitate interoperability between such systems and health information technology systems, including certified health information technology.''; and

(5) in subsection (d), as so redesignated, by striking ''2001 through 2005'' and inserting ''2019 through 2023''.

SEC. 1512. SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

Section 317N of the Public Health Service Act (42 U.S.C. 247b–15) is amended—

(1) by amending the section heading to read as follows: ''**SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS**'';

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by inserting ''activities'' before the colon;

(B) in paragraph (1)—

(i) by inserting ''or maintaining'' after ''implementing'';

(ii) by striking ''hepatitis C virus infection (in this section referred to as 'HCV infection')'' and inserting ''infections commonly associated with illicit drug use, which may include viral hepatitis, human immunodeficiency virus, and infective endocarditis,''; and

(iii) by striking ''such infection'' and all that follows through the period at the end and inserting ''such infections, which may include the reporting of cases of such infections.'';

(C) in paragraph (2), by striking ''HCV infection'' and all that follows through the period at the end and inserting ''infections as a result of illicit drug use, receiving blood transfusions prior to July 1992, or other risk factors.'';

(D) in paragraphs (4) and (5), by striking ''HCV infection'' each place such term appears and inserting ''infections described in paragraph (1)''; and

(E) in paragraph (5), by striking ''pediatricians and other primary care physicians, and obstetricians and gynecologists'' and inserting ''substance use disorder treatment providers, pediatricians, other primary care providers, and obstetrician-gynecologists'';

(3) in subsection (b)—

(A) by striking ''directly and'' and inserting ''directly or''; and

(B) by striking ''hepatitis C,'' and all that follows through the period at the end and inserting ''infections described in subsection (a)(1).''; and

(4) in subsection (c), by striking ''such sums as may be necessary for each of the fiscal years 2001 through 2005'' and inserting ''$40,000,000 for each of fiscal years 2019 through 2023''.

SEC. 1513. TASK FORCE TO DEVELOP BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

(a) ESTABLISHMENT.—There is established a task force, to be known as the Interagency Task Force on Trauma-Informed Care (in this section referred to as the ''task force'') that shall identify, evaluate, and make recommendations regarding best practices with respect to children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma.

(b) MEMBERSHIP.—

(1) COMPOSITION.—The task force shall be composed of the heads of the following Federal departments and agencies, or their designees:

(A) The Centers for Medicare & Medicaid Services.

(B) The Substance Abuse and Mental Health Services Administration.

(C) The Agency for Healthcare Research and Quality.

(D) The Centers for Disease Control and Prevention.

(E) The Indian Health Service.

(F) The Department of Veterans Affairs.

(G) The National Institutes of Health.

(H) The Food and Drug Administration.

(I) The Health Resources and Services Administration.

(J) The Department of Defense.

(K) The Office of Minority Health.

(L) The Administration for Children and Families.

(M) The Office of the Assistant Secretary for Planning and Evaluation.

(N) The Office for Civil Rights of the Department of Health and Human Services.

(O) The Office of Juvenile Justice and Delinquency Prevention of the Department of Justice.

(P) The Office of Community Oriented Policing Services of the Department of Justice.

(Q) The Office on Violence Against Women of the Department of Justice.

(R) The National Center for Education Evaluation and Regional Assistance of the Department of Education.

(S) The National Center for Special Education Research of the Institute of Education Science.

(T) The Office of Elementary and Secondary Education of the Department of Education.

(U) The Office for Civil Rights of the Department of Education.

(V) The Office of Special Education and Rehabilitative Services of the Department of Education.

(W) The Bureau of Indian Affairs of the Department of the Interior.

(X) The Veterans Health Administration of the Department of Veterans Affairs.

(Y) The Office of Special Needs Assistance Programs of the Department of Housing and Urban Development.

(Z) The Office of Head Start of the Administration for Children and Families.

(AA) The Children's Bureau of the Administration for Children and Families.

(BB) The Bureau of Indian Education of the Department of the Interior.

(CC) Such other Federal agencies as the Secretaries determine to be appropriate.

(2) DATE OF APPOINTMENTS.—The heads of Federal departments and agencies shall appoint the corresponding members of the task force not later than 6 months after the date of enactment of this Act.

(3) CHAIRPERSON.—The task force shall be chaired by the Assistant Secretary for Mental Health and Substance Use.

(c) TASK FORCE DUTIES.—The task force shall—

(1) solicit input from stakeholders, including frontline service providers, educators, mental health professionals, researchers, experts in infant, child, and youth trauma, child welfare professionals, and the public, in order to inform the activities under paragraph (2); and

(2) identify, evaluate, make recommendations, and update such recommendations not less than annually, to the general public, the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Labor, the Secretary of the Interior, the Attorney General, and other relevant cabinet Secretaries, and Congress regarding—

(A) a set of evidence-based, evidence-informed, and promising best practices with respect to—

(i) the identification of infants, children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma; and

(ii) the expeditious referral to and implementation of trauma-informed practices and supports that prevent and mitigate the effects of trauma;

(B) a national strategy on how the task force and member agencies will collaborate, prioritize options for, and implement a coordinated approach which may include data sharing and the awarding of grants that support infants, children, and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma; and

(C) existing Federal authorities at the Department of Education, Department of Health and Human Services, Department of Justice, Department of Labor, Department of the Interior, and other relevant agencies, and specific Federal grant programs to disseminate best practices on, provide training in, or deliver services through, trauma-informed practices, and disseminate such information—

(i) in writing to relevant program offices at such agencies to encourage grant applicants in writing to use such funds, where appropriate, for trauma-informed practices; and

(ii) to the general public through the internet website of the task force.

(d) BEST PRACTICES.—In identifying, evaluating, and recommending the set of best practices under subsection (c), the task force shall—

(1) include guidelines for providing professional development for front-line services providers, including school personnel, early childhood education program providers, providers from child- or youth-serving organizations, housing and homeless providers, primary and behavioral health care providers, child welfare and social services providers, juvenile and family court personnel, health care providers, individuals who are mandatory reporters of child abuse or neglect, trained nonclinical providers (including peer mentors and clergy), and first responders, in—

(A) understanding and identifying early signs and risk factors of trauma in infants, children, and youth, and their families as appropriate, including through screening processes;

(B) providing practices to prevent and mitigate the impact of trauma, including by fostering safe and stable environments and relationships; and

(C) developing and implementing policies, procedures, or systems that—

(i) are designed to quickly refer infants, children, youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma to the appropriate trauma-informed screening and support, including age-appropriate treatment, and to ensure such infants, children, youth, and family members receive such support;

(ii) utilize and develop partnerships with early childhood education programs, local social services organizations, such as organizations serving youth, and clinical mental health or health care service providers with expertise in providing support services (including age-appropriate trauma-informed and evidence-based treatment) aimed at preventing or mitigating the effects of trauma;

(iii) educate children and youth to—

(I) understand and identify the signs, effects, or symptoms of trauma; and

(II) build the resilience and coping skills to mitigate the effects of experiencing trauma;

(iv) promote and support multigenerational practices that assist parents, foster parents, and kinship and other caregivers in accessing resources related to, and developing environments conducive to, the prevention and mitigation of trauma; and

(v) collect and utilize data from screenings, referrals, or the provision of services and supports to evaluate and improve processes for trauma-informed support and outcomes that are culturally sensitive, linguistically appropriate, and specific to age ranges and sex, as applicable; and

(2) recommend best practices that are designed to avoid unwarranted custody loss or criminal penalties for parents or guardians in connection with infants, children, and youth who have experienced or are at risk of experiencing trauma.

(e) OPERATING PLAN.—Not later than 1 year after the date of enactment of this Act, the task force shall hold the first meeting. Not later than 2 years after such date of enactment, the task force shall submit to the Secretary of Education, Secretary of Health and Human Services, Secretary of Labor, Secretary of the Interior, the Attorney General, and Congress an operating plan for carrying out the activities of the task force described in subsection (c)(2). Such operating plan shall include—

(1) a list of specific activities that the task force plans to carry out for purposes of carrying out duties described in subsection (c)(2), which may include public engagement;

(2) a plan for carrying out the activities under subsection (c)(2);

(3) a list of members of the task force and other individuals who are not members of the task force that may be consulted to carry out such activities;

(4) an explanation of Federal agency involvement and coordination needed to carry out such activities, including any statutory or regulatory barriers to such coordination;

(5) a budget for carrying out such activities; and

(6) other information that the task force determines appropriate.

(f) FINAL REPORT.—Not later than 3 years after the date of the first meeting of the task force, the task force shall submit to the general public, Secretary of Education, Secretary of Health and Human Services, Secretary of Labor, Secretary of the Interior, the Attorney General, and other relevant cabinet Secretaries, and Congress, a final report containing all of the findings and recommendations required under this section.

(g) DEFINITION.—In this section, the term ''early childhood education program'' has the meaning given such term in section 103 of the Higher Education Act of 1965 (20 U.S.C. 1003).

(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2019 through 2022.

(i) SUNSET.—The task force shall on the date that is 60 days after the submission of the final report under subsection (f), but not later than September 30, 2022.

SEC. 1514. GRANTS TO IMPROVE TRAUMA SUPPORT SERVICES AND MENTAL HEALTH CARE FOR CHILDREN AND YOUTH IN EDUCATIONAL SETTINGS.

(a) GRANTS, CONTRACTS, AND COOPERATIVE AGREEMENTS AUTHORIZED.—The Secretary, in coordination with the Assistant Secretary for Mental Health and Substance Use, is authorized to award grants to, or enter into contracts or cooperative agreements with, State educational agencies, local educational agencies, Head Start agencies (including Early Head Start agencies), State or local agencies that administer public preschool programs, Indian Tribes or their tribal educational agencies, a school operated by the Bureau of Indian Education, a Regional Corporation (as defined in section 3 of the Alaska Native Claims Settlement Act (43 U.S.C. 1602)), or a Native Hawaiian educational organization (as defined in section 6207 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7517)), for the purpose of increasing student access to evidence-based trauma support services and mental health care by developing innovative initiatives, activities, or programs to link local school systems with local trauma-informed support and mental health systems, including those under the Indian Health Service.

(b) DURATION.—With respect to a grant, contract, or cooperative agreement awarded or entered into under this section, the period during which payments under such grant, contract or agreement are made to the recipient may not exceed 4 years.

(c) USE OF FUNDS.—An entity that receives a grant, contract, or cooperative agreement under this section shall use amounts made available through such grant, contract, or cooperative agreement for evidence-based activities, which shall include any of the following:

(1) Collaborative efforts between school-based service systems and trauma-informed support and mental health service systems to provide, develop, or improve prevention, screening, referral, and treatment and support services to students, such as by providing universal trauma screenings to identify students in need of specialized support.

(2) To implement schoolwide multi-tiered positive behavioral interventions and supports, or other trauma-informed models of support.

(3) To provide professional development to teachers, teacher assistants, school leaders, specialized instructional support personnel, and mental health professionals that—

(A) fosters safe and stable learning environments that prevent and mitigate the effects of trauma, including through social and emotional learning;

(B) improves school capacity to identify, refer, and provide services to students in need of trauma support or behavioral health services; or

(C) reflects the best practices developed by the Interagency Task Force on Trauma-Informed Care established under section 513.

(4) To create or enhance services at a full-service community school that focuses on trauma-informed supports, which may include establishing a school-site advisory team, managing, coordinating, or delivering pipeline services, hiring a full-time site coordinator, or other activities consistent with section 4625 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7275).

(5) Engaging families and communities in efforts to increase awareness of child and youth trauma, which may include sharing best practices with law enforcement regarding trauma-informed care and working with mental health professionals to provide interventions, as well as longer term coordinated care within the community for children and youth who have experienced trauma and their families.

(6) To provide technical assistance to school systems and mental health agencies.

(7) To evaluate the effectiveness of the program carried out under this section in increasing student access to evidence-based trauma support services and mental health care.

(d) APPLICATIONS.—To be eligible to receive a grant, contract, or cooperative agreement under this section, an entity described in subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, which shall include the following:

(1) A description of the innovative initiatives, activities, or programs to be funded under the grant, contract, or cooperative agreement, including how such program will increase access to evidence-based trauma support services and mental health care for students, and, as applicable, the families of such students.

(2) A description of how the program will provide linguistically appropriate and culturally competent services.

(3) A description of how the program will support students and the school in improving the school climate in order to support an environment conducive to learning.

(4) An assurance that—

(A) persons providing services under the grant, contract, or cooperative agreement are adequately trained to provide such services; and

(B) teachers, school leaders, administrators, specialized instructional support personnel, representatives of local Indian Tribes or tribal organizations as appropriate, other school personnel, and parents or guardians of students participating in services under this section will be engaged and involved in the design and implementation of the services.

(5) A description of how the applicant will support and integrate existing school-based services with the program in order to provide mental health services for students, as appropriate.

(e) INTERAGENCY AGREEMENTS.—

(1) DESIGNATION OF LEAD AGENCY.—A recipient of a grant, contract, or cooperative agreement under this section shall designate a lead agency to direct the establishment of an interagency agreement among local educational agencies, agencies responsible for early childhood education programs, juvenile justice authorities, mental health agencies, child welfare agencies, and other relevant entities in the State or Indian Tribe, in collaboration with local entities.

(2) CONTENTS.—The interagency agreement shall ensure the provision of the services described in subsection (c), specifying with respect to each agency, authority, or entity—

(A) the financial responsibility for the services;

(B) the conditions and terms of responsibility for the services, including quality, accountability, and coordination of the services; and

(C) the conditions and terms of reimbursement among the agencies, authorities, or entities that are parties to the interagency agreement, including procedures for dispute resolution.

(f) EVALUATION.—The Secretary shall reserve not to exceed 3 percent of the funds

made available under subsection (l) for each fiscal year to—

(1) conduct a rigorous, independent evaluation of the activities funded under this section; and

(2) disseminate and promote the utilization of evidence-based practices regarding trauma support services and mental health care.

(g) DISTRIBUTION OF AWARDS.—The Secretary shall ensure that grants, contracts, and cooperative agreements awarded or entered into under this section are equitably distributed among the geographical regions of the United States and among tribal, urban, suburban, and rural populations.

(h) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

(1) to prohibit an entity involved with a program carried out under this section from reporting a crime that is committed by a student to appropriate authorities; or

(2) to prevent Federal, State, and tribal law enforcement and judicial authorities from exercising their responsibilities with regard to the application of Federal, tribal, and State law to crimes committed by a student.

(i) SUPPLEMENT, NOT SUPPLANT.—Any services provided through programs carried out under this section shall supplement, and not supplant, existing mental health services, including any special education and related services provided under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.).

(j) CONSULTATION WITH INDIAN TRIBES.—In carrying out subsection (a), the Secretary shall, in a timely manner, meaningfully consult, engage, and cooperate with Indian Tribes and their representatives to ensure notice of eligibility.

(k) DEFINITIONS.—In this section:

(1) ELEMENTARY OR SECONDARY SCHOOL.—The term ''elementary or secondary school'' means a public elementary and secondary school as such term is defined in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(2) EVIDENCE-BASED.—The term ''evidence-based'' has the meaning given such term in section 8101(21)(A)(i) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).

(3) NATIVE HAWAIIAN EDUCATIONAL ORGANIZATION.—The term ''Native Hawaiian educational organization'' has the meaning given such term in section 6207 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7517).

(4) PIPELINE SERVICES.—The term ''pipeline services'' has the meaning given such term in section 4622 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7517).

(5) SCHOOL LEADER.—The term ''school leader'' has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(6) SECRETARY.—The term ''Secretary'' means the Secretary of Education.

(7) SPECIALIZED INSTRUCTIONAL SUPPORT PERSONNEL.—The term ''specialized instructional support personnel'' has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(l) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2019 through 2023.

SEC. 1515. NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.

Section 582(j) of the Public Health Service Act (42 U.S.C. 290hh–1(j)) (relating to grants to address the problems of persons who experience violence-related stress) is amended by striking ''$46,887,000 for each of fiscal years 2018 through 2022'' and inserting ''$53,887,000 for each of fiscal years 2019 through 2023''.

SEC. 1516. NATIONAL MILESTONES TO MEASURE SUCCESS IN CURTAILING THE OPIOID CRISIS.

(a) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary, in consultation with the Administrator of the Drug Enforcement Administration and the Director of the Office of National Drug Control Policy, shall develop or identify existing national indicators (referred to in this section as the ''national milestones'') to measure success in curtailing the opioid crisis, with the goal of significantly reversing the incidence and prevalence of opioid misuse and abuse, and opioid-related morbidity and mortality in the United States within 5 years of such date of enactment.

(b) NATIONAL MILESTONES TO END THE OPIOID CRISIS.—The national milestones under subsection (a) shall include the following:

(1) Not fewer than 10 indicators or metrics to accurately and expediently measure progress in meeting the goal described in subsection (a), which shall, as appropriate, include, indicators or metrics related to—

(A) the number of fatal and non-fatal opioid overdoses;

(B) the number of emergency room visits related to opioid misuse and abuse;

(C) the number of individuals in sustained recovery from opioid use disorder;

(D) the number of infections associated with illicit drug use, such as HIV, viral hepatitis, and infective endocarditis, and available capacity for treating such infections;

(E) the number of providers prescribing medication assisted treatment for opioid use disorders, including in primary care settings, community health centers, jails, and prisons;

(F) the number of individuals receiving treatment for opioid use disorder; and

(G) additional indicators or metrics, as appropriate, such as metrics pertaining to specific populations, including women and children, American Indians and Alaskan Natives, individuals living in rural and non-urban areas, and justice-involved populations, that would further clarify the progress made in addressing the opioid misuse and abuse crisis.

(2) A reasonable goal, such as a percentage decrease or other specified metric, that signifies progress in meeting the goal described in subsection (a), and annual targets to help achieve that goal.

(c) CONSIDERATION OF OTHER SUBSTANCE USE DISORDERS.—In developing the national milestones under subsection (b), the Secretary shall, as appropriate, consider other substance use disorders in addition to opioid use disorder.

(d) EXTENSION OF PERIOD.—If the Secretary determines that the goal described in subsection (a) will not be achieved with respect to any indicator or metric established under subsection (b)(2) within 5 years of the date of enactment of this Act, the Secretary may extend the timeline for meeting such goal with respect to that indicator or metric. The Secretary shall include with any such extension a rationale for why additional time is needed and information on whether significant changes are needed in order to achieve such goal with respect to the indicator or metric.

(e) ANNUAL STATUS UPDATE.—Not later than one year after the enactment of this Act, the Secretary shall make available on the internet website of the Department of Health and Human Services, and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, an update on the progress, including expected progress in the subsequent year, in achieving the goals detailed in the national milestones. Each such update shall include the progress made in the first year or since the previous report, as applicable, in meeting each indicator or metric in the national milestones.

TITLE II—FINANCE

SEC. 2001. SHORT TITLE.

This title may be cited as the ''Helping to End Addiction and Lessen Substance Use Disorders Act of 2018'' or the ''HEAL Act of 2018''.

Subtitle A—Medicare

SEC. 2101. MEDICARE OPIOID SAFETY EDUCATION.

(a) IN GENERAL.—Section 1804 of the Social Security Act (42 U.S.C. 1395b–2) is amended by adding at the end the following new subsection:

''(d) The notice provided under subsection (a) shall include—

''(1) references to educational resources regarding opioid use and pain management;

''(2) a description of categories of alternative, non-opioid pain management treatments covered under this title; and

''(3) a suggestion for the beneficiary to talk to a physician regarding opioid use and pain management.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to notices distributed prior to each Medicare open enrollment period beginning after January 1, 2019.

SEC. 2102. EXPANDING THE USE OF TELEHEALTH SERVICES FOR THE TREATMENT OF OPIOID USE DISORDER AND OTHER SUBSTANCE USE DISORDERS.

(a) IN GENERAL.—Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

(1) in paragraph (2)(B)—

(A) in clause (i), in the matter preceding subclause (I), by striking ''clause (ii)'' and inserting ''clause (ii) and paragraph (6)(C)''; and

(B) in clause (ii), in the heading, by striking ''FOR HOME DIALYSIS THERAPY'';

(2) in paragraph (4)(C)—

(A) in clause (i), by striking ''paragraph (6)'' and inserting ''paragraphs (5), (6), and (7)''; and

(B) in clause (ii)(X), by inserting ''or telehealth services described in paragraph (7)'' before the period at the end; and

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

''(7) TREATMENT OF SUBSTANCE USE DISORDER SERVICES FURNISHED THROUGH TELEHEALTH.—The geographic requirements described in paragraph (4)(C)(i) shall not apply with respect to telehealth services furnished on or after January 1, 2019, to an eligible telehealth individual with a substance use disorder diagnosis for purposes of treatment of such disorder, as determined by the Secretary, at an originating site described in paragraph (4)(C)(ii) (other than an originating site described in subclause (IX) of such paragraph).''.

(b) IMPLEMENTATION.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') may implement the amendments made by this section by interim final rule.

(c) REPORT.—Not later than 5 years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the impact of the implementation of the amendments made by this section with respect to telehealth services under section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) on—

(1) the utilization of health care items and services under title XVIII of such Act (42 U.S.C. 1395 et seq.) related to substance use disorders, including emergency department visits; and

(2) health outcomes related to substance use disorders, such as opioid overdose deaths.

SEC. 2103. COMPREHENSIVE SCREENINGS FOR SENIORS.

(a) INITIAL PREVENTIVE PHYSICAL EXAMINATION.—Section 1861(ww) of the Social Security Act (42 U.S.C. 1395x(ww)) is amended—

(1) in paragraph (1)—

(A) by striking ''paragraph (2) and'' and inserting ''paragraph (2),''; and

(B) by inserting ''and the furnishing of a review of any current opioid prescriptions (as defined in paragraph (4)),'' after ''upon the agreement with the individual,''; and

(2) in paragraph (2)—

(A) by redesignating subparagraph (N) as subparagraph (O); and

(B) by inserting after subparagraph (M) the following new subparagraph:

''(N) Screening for potential substance use disorders.''; and

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

''(4) For purposes of paragraph (1), the term 'a review of any current opioid prescriptions' means, with respect to an individual determined to have a current prescription for opioids—

''(A) a review of the potential risk factors to the individual for opioid use disorder;

''(B) an evaluation of the individual's severity of pain and current treatment plan;

''(C) the provision of information on non-opioid treatment options; and

''(D) a referral to a pain management specialist, as appropriate.''.

(b) ANNUAL WELLNESS VISIT.—Section 1861(hhh)(2) of the Social Security Act (42 U.S.C. 1395x(hhh)(2)) is amended—

(1) by redesignating subparagraph (G) as subparagraph (I); and

(2) by inserting after subparagraph (F) the following new subparagraphs:

''(G) Screening for potential substance use disorders and referral for treatment as appropriate.

''(H) The furnishing of a review of any current opioid prescriptions (as defined in subsection (ww)(4)).''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to examinations and visits furnished on or after January 1, 2019.

SEC. 2104. EVERY PRESCRIPTION CONVEYED SECURELY.

(a) IN GENERAL.—Section 1860D–4(e) of the Social Security Act (42 U.S.C. 1395w–104(e)) is amended by adding at the end the following:

''(7) REQUIREMENT OF E-PRESCRIBING FOR CONTROLLED SUBSTANCES.—

''(A) IN GENERAL.—Subject to subparagraph (B), a prescription for a covered part D drug under a prescription drug plan (or under an MA–PD plan) for a schedule II, III, IV, or V controlled substance shall be transmitted by a health care practitioner electronically in accordance with an electronic prescription drug program that meets the requirements of paragraph (2).

''(B) EXCEPTION FOR CERTAIN CIRCUMSTANCES.—The Secretary shall, through rulemaking, specify circumstances and processes by which the Secretary may waive the requirement under subparagraph (A), with respect to a covered part D drug, including in the case of—

''(i) a prescription issued when the practitioner and dispensing pharmacy are the same entity;

''(ii) a prescription issued that cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

''(iii) a prescription issued by a practitioner who received a waiver or a renewal thereof for a period of time as determined by the Secretary, not to exceed one year, from the requirement to use electronic prescribing due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner;

''(iv) a prescription issued by a practitioner under circumstances in which, notwithstanding the practitioner's ability to submit a prescription electronically as required by this subsection, such practitioner reasonably determines that it would be impractical for the individual involved to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the individual's medical condition involved;

''(v) a prescription issued by a practitioner prescribing a drug under a research protocol;

''(vi) a prescription issued by a practitioner for a drug for which the Food and Drug Administration requires a prescription to contain elements that are not able to be included in electronic prescribing such as, a drug with risk evaluation and mitigation strategies that include elements to assure safe use;

''(vii) a prescription issued by a practitioner—

''(I) for an individual who receives hospice care under this title; and

''(II) that is not covered under the hospice benefit under this title; and

''(viii) a prescription issued by a practitioner for an individual who is—

''(I) a resident of a nursing facility (as defined in section 1919(a)); and

''(II) dually eligible for benefits under this title and title XIX.

''(C) DISPENSING.—(i) Nothing in this paragraph shall be construed as requiring a sponsor of a prescription drug plan under this part, MA organization offering an MA–PD plan under part C, or a pharmacist to verify that a practitioner, with respect to a prescription for a covered part D drug, has a waiver (or is otherwise exempt) under subparagraph (B) from the requirement under subparagraph (A).

''(ii) Nothing in this paragraph shall be construed as affecting the ability of the plan to cover or the pharmacists' ability to continue to dispense covered part D drugs from otherwise valid written, oral or fax prescriptions that are consistent with laws and regulations.

''(iii) Nothing in this paragraph shall be construed as affecting the ability of an individual who is being prescribed a covered part D drug to designate a particular pharmacy to dispense the covered part D drug to the extent consistent with the requirements under subsection (b)(1) and under this paragraph.

''(D) ENFORCEMENT.—The Secretary shall, through rulemaking, have authority to enforce and specify appropriate penalties for non-compliance with the requirement under subparagraph (A).''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to coverage of drugs prescribed on or after January 1, 2021.

SEC. 2105. STANDARDIZING ELECTRONIC PRIOR AUTHORIZATION FOR SAFE PRESCRIBING.

Section 1860D–4(e)(2) of the Social Security Act (42 U.S.C. 1395w–104(e)(2)) is amended by adding at the end the following new subparagraph:

''(E) ELECTRONIC PRIOR AUTHORIZATION.—

''(i) IN GENERAL.—Not later than January 1, 2021, the program shall provide for the secure electronic transmittal of—

''(I) a prior authorization request from the prescribing health care professional for coverage of a covered part D drug for a part D eligible individual enrolled in a part D plan (as defined in section 1860D–23(a)(5)) to the PDP sponsor or Medicare Advantage organization offering such plan; and

''(II) a response, in accordance with this subparagraph, from such PDP sponsor or Medicare Advantage organization, respectively, to such professional.

''(ii) ELECTRONIC TRANSMISSION.—

''(I) EXCLUSIONS.—For purposes of this subparagraph, a facsimile, a proprietary payer portal that does not meet standards specified by the Secretary, or an electronic form shall not be treated as an electronic transmission described in clause (i).

''(II) STANDARDS.—In order to be treated, for purposes of this subparagraph, as an electronic transmission described in clause (i), such transmission shall comply with technical standards adopted by the Secretary in consultation with the National Council for Prescription Drug Programs, other standard setting organizations determined appropriate by the Secretary, and stakeholders including PDP sponsors, Medicare Advantage organizations, health care professionals, and health information technology software vendors.

''(III) APPLICATION.—Notwithstanding any other provision of law, for purposes of this subparagraph, the Secretary may require the use of such standards adopted under subclause (II) in lieu of any other applicable standards for an electronic transmission described in clause (i) for a covered part D drug for a part D eligible individual.''.

SEC. 2106. STRENGTHENING PARTNERSHIPS TO PREVENT OPIOID ABUSE.

(a) IN GENERAL.—Section 1859 of the Social Security Act (42 U.S.C. 1395w–28) is amended by adding at the end the following new subsection:

''(i) PROGRAM INTEGRITY TRANSPARENCY MEASURES.—

''(1) PROGRAM INTEGRITY PORTAL.—

''(A) IN GENERAL.—Not later than 2 years after the date of the enactment of this subsection, the Secretary shall, after consultation with stakeholders, establish a secure Internet website portal that would allow a secure path for communication between the Secretary, MA plans under this part, prescription drug plans under part D, and an eligible entity with a contract under section 1893 (such as a Medicare drug integrity contractor or any successor entity to a Medicare drug integrity contractor), in accordance with subsection (j)(3) of such section, for the purpose of enabling through such portal—

''(i) the referral by such plans of suspicious activities of a provider of services (including a prescriber) or supplier related to fraud, waste, and abuse for initiating or assisting investigations conducted by the eligible entity; and

''(ii) data sharing among such MA plans, prescription drug plans, and the Secretary.

''(B) REQUIRED USES OF PORTAL.—The Secretary shall disseminate the following information to MA plans under this part and prescription drug plans under part D through the secure Internet website portal established under subparagraph (A):

''(i) Providers of services and suppliers that have been referred pursuant to subparagraph (A)(i) during the previous 12-month period.

''(ii) Providers of services and suppliers who are the subject of an active exclusion under section 1128 or who are subject to a suspension of payment under this title pursuant to section 1862(o) or otherwise.

''(iii) Providers of services and suppliers who are the subject of an active revocation of participation under this title, including for not satisfying conditions of participation.

''(iv) In the case of such a plan that makes a referral under subparagraph (A)(i) through the portal with respect to suspicious activities of a provider of services (including a prescriber) or supplier, if such provider (or prescriber) or supplier has been the subject of an administrative action under this title or title XI with respect to similar activities, a notification to such plan of such action so taken.

''(C) RULEMAKING.—For purposes of this paragraph, the Secretary shall, through rulemaking, specify what constitutes suspicious activities related to fraud, waste, and abuse, using guidance such as what is provided in the Medicare Program Integrity Manual 4.7.1.

''(2) QUARTERLY REPORTS.—Beginning not later than 2 years after the date of the enactment of this subsection, the Secretary shall make available to MA plans under this part and prescription drug plans under part D in a timely manner (but no less frequently than quarterly) and using information submitted to an entity described in paragraph (1) through the portal described in such paragraph or pursuant to section 1893, information on fraud, waste, and abuse schemes and trends in identifying suspicious activity. Information included in each such report shall—

''(A) include administrative actions, pertinent information related to opioid overprescribing, and other data determined appropriate by the Secretary in consultation with stakeholders; and

''(B) be anonymized information submitted by plans without identifying the source of such information.

''(3) CLARIFICATION.—Nothing in this subsection shall preclude or otherwise affect referrals to the Inspector General of the Department of Health and Human Services or other law enforcement entities.''.

(b) CONTRACT REQUIREMENT TO COMMUNICATE PLAN CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—Section 1857(e)(4)(C) of the Social Security Act (42 U.S.C. 1395w–27(e)(4)(C)) is amended by adding at the end the following new paragraph:

''(5) COMMUNICATING PLAN CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—

''(A) IN GENERAL.—Beginning with plan years beginning on or after January 1, 2021, a contract under this section with an MA organization shall require the organization to submit to the Secretary, through the process established under subparagraph (B), information on credible evidence of suspicious activities of a provider of services (including a prescriber) or supplier related to fraud and other actions taken by such plans related to inappropriate prescribing of opioids.

''(B) PROCESS.—Not later than January 1, 2021, the Secretary shall, in consultation with stakeholders, establish a process under which MA plans and prescription drug plans shall submit to the Secretary information described in subparagraph (A).

''(C) REGULATIONS.—For purposes of this paragraph, including as applied under section 1860D–12(b)(3)(D), the Secretary shall, pursuant to rulemaking—

''(i) specify a definition for the term 'inappropriate prescribing of opioids' and a method for determining if a provider of services prescribes such a high volume; and

''(ii) establish the process described in subparagraph (B) and the types of information that may be submitted through such process.''.

(c) REFERENCE UNDER PART D TO PROGRAM INTEGRITY TRANSPARENCY MEASURES.—Section 1860D–4 of the Social Security Act (42 U.S.C. 1395w–104) is amended by adding at the end the following new subsection:

''(m) PROGRAM INTEGRITY TRANSPARENCY MEASURES.—For program integrity transparency measures applied with respect to prescription drug plan and MA plans, see section 1859(i).''.

SEC. 2107. COMMIT TO OPIOID MEDICAL PRESCRIBER ACCOUNTABILITY AND SAFETY FOR SENIORS.

Section 1860D–4(c)(4) of the Social Security Act (42 U.S.C. 1395w–104(c)(4)) is amended by adding at the end the following new subparagraph:

''(D) NOTIFICATION AND ADDITIONAL REQUIREMENTS WITH RESPECT TO STATISTICAL OUTLIER PRESCRIBERS OF OPIOIDS.—

''(i) NOTIFICATION.—Not later than January 1, 2021, the Secretary shall, in the case of a prescriber identified by the Secretary under clause (ii) to be a statistical outlier prescriber of opioids, provide, subject to clause (iv), an annual notification to such prescriber that such prescriber has been so identified that includes resources on proper prescribing methods and other information as specified in accordance with clause (iii).

''(ii) IDENTIFICATION OF STATISTICAL OUTLIER PRESCRIBERS OF OPIOIDS.—

''(I) IN GENERAL.—The Secretary shall, subject to subclause (III), using the valid prescriber National Provider Identifiers included pursuant to subparagraph (A) on claims for covered part D drugs for part D eligible individuals enrolled in prescription drug plans under this part or MA–PD plans under part C and based on the thresholds established under subclause (II), identify prescribers that are statistical outlier opioids prescribers for a period of time specified by the Secretary.

''(II) ESTABLISHMENT OF THRESHOLDS.—For purposes of subclause (I) and subject to subclause (III), the Secretary shall, after consultation with stakeholders, establish thresholds, based on prescriber specialty and, as determined appropriate by the Secretary, geographic area, for identifying whether a prescriber in a specialty and geographic area is a statistical outlier prescriber of opioids as compared to other prescribers of opioids within such specialty and area.

''(III) EXCLUSIONS.—The following shall not be included in the analysis for identifying statistical outlier prescribers of opioids under this clause:

''(aa) Claims for covered part D drugs for part D eligible individuals who are receiving hospice care under this title.

''(bb) Claims for covered part D drugs for part D eligible individuals who are receiving oncology services under this title.

''(cc) Prescribers who are the subject of an investigation by the Centers for Medicare & Medicaid Services or the Inspector General of the Department of Health and Human Services.

''(iii) CONTENTS OF NOTIFICATION.—The Secretary shall include the following information in the notifications provided under clause (i):

''(I) Information on how such prescriber compares to other prescribers within the same specialty and, if determined appropriate by the Secretary, geographic area.

''(II) Information on opioid prescribing guidelines, based on input from stakeholders, that may include the Centers for Disease Control and Prevention guidelines for prescribing opioids for chronic pain and guidelines developed by physician organizations.

''(III) Other information determined appropriate by the Secretary.

''(iv) MODIFICATIONS AND EXPANSIONS.—

''(I) FREQUENCY.—Beginning 5 years after the date of the enactment of this subparagraph, the Secretary may change the frequency of the notifications described in clause (i) based on stakeholder input and changes in opioid prescribing utilization and trends.

''(II) EXPANSION TO OTHER PRESCRIPTIONS.—The Secretary may expand notifications under this subparagraph to include identifications and notifications with respect to concurrent prescriptions of covered Part D drugs used in combination with opioids that are considered to have adverse side effects when so used in such combination, as determined by the Secretary.

''(v) ADDITIONAL REQUIREMENTS FOR PERSISTENT STATISTICAL OUTLIER PRESCRIBERS.—In the case of a prescriber who the Secretary determines is persistently identified under clause (ii) as a statistical outlier prescriber of opioids, the following shall apply:

''(I) The Secretary shall provide an opportunity for such prescriber to receive technical assistance or educational resources on opioid prescribing guidelines (such as the guidelines described in clause (iii)(II)) from an entity that furnishes such assistance or resources, which may include a quality improvement organization under part B of title XI, as available and appropriate.

''(II) Such prescriber may be required to enroll in the program under this title under section 1866(j) if such prescriber is not otherwise required to enroll. The Secretary shall determine the length of the period for which such prescriber is required to maintain such enrollment.

''(III) Not less frequently than annually (and in a form and manner determined appropriate by the Secretary), the Secretary shall communicate information on such prescribers to sponsors of a prescription drug plan and Medicare Advantage organizations offering an MA–PD plan.

''(vi) PUBLIC AVAILABILITY OF INFORMATION.—The Secretary shall make aggregate information under this subparagraph available on the Internet website of the Centers for Medicare & Medicaid Services. Such information shall be in a form and manner determined appropriate by the Secretary and shall not identify any specific prescriber. In carrying out this clause, the Secretary shall consult with interested stakeholders.

''(vii) OPIOIDS DEFINED.—For purposes of this subparagraph, the term 'opioids' has such meaning as specified by the Secretary.

''(viii) OTHER ACTIVITIES.—Nothing in this subparagraph shall preclude the Secretary from conducting activities that provide prescribers with information as to how they compare to other prescribers that are in addition to the activities under this subparagraph, including activities that were being conducted as of the date of the enactment of this subparagraph.''.

SEC. 2108. FIGHTING THE OPIOID EPIDEMIC WITH SUNSHINE.

(a) INCLUSION OF INFORMATION REGARDING PAYMENTS TO ADVANCE PRACTICE NURSES.—

(1) IN GENERAL.—Section 1128G(e)(6) of the Social Security Act (42 U.S.C. 1320a–7h(e)(6)) is amended—

(A) in subparagraph (A), by adding at the end the following new clauses:

''(iii) A physician assistant, nurse practitioner, or clinical nurse specialist (as such terms are defined in section 1861(aa)(5)).

''(iv) A certified registered nurse anesthetist (as defined in section 1861(bb)(2)).

''(v) A certified nurse-midwife (as defined in section 1861(gg)(2)).''; and

(B) in subparagraph (B), by inserting '', physician assistant, nurse practitioner, clinical nurse specialist, certified nurse anesthetist, or certified nurse-midwife'' after ''physician''.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to information required to be submitted under section 1128G of the Social Security Act (42 U.S.C. 1320a–7h) on or after January 1, 2022.

(b) SUNSET OF EXCLUSION OF NATIONAL PROVIDER IDENTIFIER OF COVERED RECIPIENT IN INFORMATION MADE PUBLICLY AVAILABLE.—Section 1128G(c)(1)(C)(viii) of the Social Security Act (42 U.S.C. 1320a–7h(c)(1)(C)(viii))) is amended by striking ''does not contain'' and inserting ''in the case of information made available under this subparagraph prior to January 1, 2022, does not contain''.

(c) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to this section or the amendments made by this section.

SEC. 2109. DEMONSTRATION TESTING COVERAGE OF CERTAIN SERVICES FURNISHED BY OPIOID TREATMENT PROGRAMS.

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by inserting after section 1866E the following:

''DEMONSTRATION TESTING COVERAGE OF CERTAIN SERVICES FURNISHED BY OPIOID TREATMENT PROGRAMS

''SEC. 1866F. (a) ESTABLISHMENT.—

''(1) IN GENERAL.—The Secretary shall conduct a demonstration (in this section referred to as the 'demonstration') to test coverage of and payment for opioid use disorder treatment services (as defined in paragraph (2)(B)) furnished by opioid treatment programs (as defined in paragraph (2)(A)) to individuals under part B using a bundled payment as described in paragraph (3).

''(2) DEFINITIONS.—In this section:

''(A) OPIOID TREATMENT PROGRAM.—The term 'opioid treatment program' means an entity that is an opioid treatment program (as defined in section 8.2 of title 42 of the Code of Federal Regulations, or any successor regulation) that—

''(i) is selected for participation in the demonstration;

''(ii) has in effect a certification by the Substance Abuse and Mental Health Services Administration for such a program;

''(iii) is accredited by an accrediting body approved by the Substance Abuse and Mental Health Services Administration;

''(iv) submits to the Secretary data and information needed to monitor the quality of services furnished and conduct the evaluation described in subsection (c); and

''(v) meets such additional requirements as the Secretary may find necessary.

''(B) OPIOID USE DISORDER TREATMENT SERVICES.—The term 'opioid use disorder treatment services' means items and services that are furnished by an opioid treatment program for the treatment of opioid use disorder, including—

''(i) opioid agonist and antagonist treatment medications (including oral, injected, or implanted versions) that are approved by the Food and Drug Administration under section 505 of the Federal Food, Drug and Cosmetic Act for use in the treatment of opioid use disorder;

''(ii) dispensing and administration of such medications, if applicable;

''(iii) substance use counseling by a professional to the extent authorized under State law to furnish such services;

''(iv) individual and group therapy with a physician or psychologist (or other mental health professional to the extent authorized under State law);

''(v) toxicology testing; and

''(vi) other items and services that the Secretary determines are appropriate (but in no case to include meals or transportation).

''(3) BUNDLED PAYMENT UNDER PART B.—

''(A) IN GENERAL.—The Secretary shall pay, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, to an opioid treatment program participating in the demonstration a bundled payment as determined by the Secretary for opioid use disorder treatment services that are furnished by such treatment program to an individual under part B during an episode of care (as defined by the Secretary).

''(B) CONSIDERATIONS.—The Secretary may implement this paragraph through one or more bundles based on the type of medication provided (such as buprenorphine, methadone, naltrexone, or a new innovative drug), the frequency of services furnished, the scope of services furnished, characteristics of the individuals furnished such services, or other factors as the Secretary determines appropriate. In developing such bundles, the Secretary may consider payment rates paid to opioid treatment programs for comparable services under State plans under title XIX or under the TRICARE program under chapter 55 of title 10 of the United States Code.

''(b) IMPLEMENTATION.—

''(1) DURATION.—The demonstration shall be conducted for a period of 5 years, beginning not later than January 1, 2021.

''(2) SCOPE.—In carrying out the demonstration, the Secretary shall limit the number of beneficiaries that may participate at any one time in the demonstration to 2,000.

''(3) WAIVER.—The Secretary may waive such provisions of this title and title XI as the Secretary determines necessary in order to implement the demonstration.

''(4) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to this section.

''(c) EVALUATION AND REPORT.—

''(1) EVALUATION.—The Secretary shall conduct an evaluation of the demonstration. Such evaluation shall include analyses of—

''(A) the impact of the demonstration on—

''(i) utilization of health care items and services related to opioid use disorder, including hospitalizations and emergency department visits;

''(ii) beneficiary health outcomes related to opioid use disorder, including opioid overdose deaths; and

''(iii) overall expenditures under this title; and

''(B) the performance of opioid treatment programs participating in the demonstration with respect to applicable quality and cost metrics, including whether any additional quality measures related to opioid use disorder treatment are needed with respect to such programs under this title.

''(2) REPORT.—Not later than 2 years after the completion of the demonstration, the Secretary shall submit to Congress a report containing the results of the evaluation conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

''(d) FUNDING.—For purposes of administering and carrying out the demonstration, in addition to funds otherwise appropriated, there shall be transferred to the Secretary for the Center for Medicare & Medicaid Services Program Management Account from the Federal Supplementary Medical Insurance Trust Fund under section 1841 $5,000,000, to remain available until expended.''.

SEC. 2110. ENCOURAGING APPROPRIATE PRESCRIBING UNDER MEDICARE FOR VICTIMS OF OPIOID OVERDOSE.

Section 1860D–4(c)(5)(C) of the Social Security Act (42 U.S.C. 1395w–104(c)(5)(C)) is amended—

(1) in clause (i), in the matter preceding subclause (I), by striking ''For purposes'' and inserting ''Except as provided in clause (v), for purposes''; and

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

''(v) TREATMENT OF ENROLLEES WITH A HISTORY OF OPIOID-RELATED OVERDOSE.—

''(I) IN GENERAL.—For plan years beginning not later than January 1, 2021, a part D eligible individual who is not an exempted individual described in clause (ii) and who is identified under this clause as a part D eligible individual with a history of opioid-related overdose (as defined by the Secretary) shall be included as a potentially at-risk beneficiary for prescription drug abuse under the drug management program under this paragraph.

''(II) IDENTIFICATION AND NOTICE.—For purposes of this clause, the Secretary shall—

''(aa) identify part D eligible individuals with a history of opioid-related overdose (as so defined); and

''(bb) notify the PDP sponsor of the prescription drug plan in which such an individual is enrolled of such identification.''.

SEC. 2111. AUTOMATIC ESCALATION TO EXTERNAL REVIEW UNDER A MEDICARE PART D DRUG MANAGEMENT PROGRAM FOR AT-RISK BENEFICIARIES.

(a) IN GENERAL.—Section 1860D–4(c)(5) of the Social Security Act (42 U.S.C. 1395ww–10(c)(5)) is amended—

(1) in subparagraph (B), in each of clauses (ii)(III) and (iii)(IV), by striking ''and the option of an automatic escalation to external review'' and inserting '', including notice that if on reconsideration a PDP sponsor affirms its denial, in whole or in part, the case shall be automatically forwarded to the independent, outside entity contracted with the Secretary for review and resolution''; and

(2) in subparagraph (E), by striking ''and the option'' and all that follows and inserting the following: ''and if on reconsideration a PDP sponsor affirms its denial, in whole or in part, the case shall be automatically forwarded to the independent, outside entity contracted with the Secretary for review and resolution.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply beginning not later January 1, 2021.

SEC. 2112. TESTING OF INCENTIVE PAYMENTS FOR BEHAVIORAL HEALTH PROVIDERS FOR ADOPTION AND USE OF CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY.

Section 1115A(b)(2)(B) of the Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the end the following new clause:

''(xxv) Providing incentive payments to behavioral health providers for the adoption and use of certified electronic health record technology (as defined in section 1848(o)(4)) to improve the quality and coordination of care through the electronic documentation and exchange of health information. Behavioral health providers may include—

''(I) psychiatric hospitals (as defined in section 1861(f));

''(II) community mental health centers (as defined in section 1861(ff)(3)(B));

''(III) clinical psychologists (as defined in section 1861(ii));

''(IV) clinical social workers (as defined in section 1861(hh)(1)); and

''(V) hospitals, treatment facilities, and mental health or substance use disorder providers that participate in a State plan under title XIX or a waiver of such plan.''.

SEC. 2113. MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking ''fiscal year 2021, $0'' and inserting ''fiscal year 2024, $65,000,000''.

Subtitle B—Medicaid

SEC. 2201. CARING RECOVERY FOR INFANTS AND BABIES.

(a) STATE PLAN AMENDMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (82), by striking ''and'' after the semicolon;

(2) in paragraph (83), by striking the period at the end and inserting ''; and''; and

(3) by inserting after paragraph (83), the following new paragraph:

''(84) provide, at the option of the State, for making medical assistance available on an inpatient or outpatient basis at a residential pediatric recovery center (as defined in subsection (nn)) to infants with neonatal abstinence syndrome.''.

(b) RESIDENTIAL PEDIATRIC RECOVERY CENTER DEFINED.—Section 1902 of such Act (42 U.S.C. 1396a) is amended by adding at the end the following new subsection:

''(nn) RESIDENTIAL PEDIATRIC RECOVERY CENTER DEFINED.—

''(1) IN GENERAL.—For purposes of section 1902(a)(84), the term 'residential pediatric recovery center' means a center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.

''(2) COUNSELING AND SERVICES.—A residential pediatric recovery center may offer counseling and other services to mothers (and other appropriate family members and caretakers) of infants receiving treatment at such centers if such services are otherwise covered under the State plan under this title or under a waiver of such plan. Such other services may include the following:

''(A) Counseling or referrals for services.

''(B) Activities to encourage caregiver-infant bonding.

''(C) Training on caring for such infants.''.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on the date of enactment of this Act and shall apply to medical assistance furnished on or after that date, without regard to final regulations to carry out such amendments being promulgated as of such date.

SEC. 2202. PEER SUPPORT ENHANCEMENT AND EVALUATION REVIEW.

(a) IN GENERAL.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives, the Committee on Finance of the Senate, and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the provision of peer support services under the Medicaid program.

(b) CONTENT OF REPORT.—

(1) IN GENERAL.—The report required under subsection (a) shall include the following information:

(A) Information on State coverage of peer support services under Medicaid, including—

(i) the mechanisms through which States may provide such coverage, including through existing statutory authority or through waivers;

(ii) the populations to which States have provided such coverage;

(iii) the payment models, including any alternative payment models, used by States to pay providers of such services; and

(iv) where available, information on Federal and State spending under Medicaid for peer support services.

(B) Information on selected State experiences in providing medical assistance for peer support services under State Medicaid plans and whether States measure the effects of providing such assistance with respect to—

(i) improving access to behavioral health services;

(ii) improving early detection, and preventing worsening, of behavioral health disorders;

(iii) reducing chronic and comorbid conditions; and

(iv) reducing overall health costs.

(2) RECOMMENDATIONS.—The report required under subsection (a) shall include recommendations, including recommendations for such legislative and administrative actions related to improving services, including peer support services, and access to peer support services under Medicaid as the Comptroller General of the United States determines appropriate.

SEC. 2203. MEDICAID SUBSTANCE USE DISORDER TREATMENT VIA TELEHEALTH.

(a) DEFINITIONS.—In this section:

(1) COMPTROLLER GENERAL.—The term ''Comptroller General'' means the Comptroller General of the United States.

(2) SCHOOL-BASED HEALTH CENTER.—The term ''school-based health center'' has the meaning given that term in section 2110(c)(9) of the Social Security Act (42 U.S.C. 1397jj(c)(9)).

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(4) TELEHEATH SERVICES.—The term ''telehealth services'' includes remote patient monitoring and other key modalities such as live video or synchronous telehealth, store-and-forward or asynchronous telehealth, mobile health, telephonic consultation, and electronic consult including provider-to-provider e-consults.

(5) UNDERSERVED AREA.—The term ''underserved area'' means a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A))) and a medically underserved area (according to a designation under section 330(b)(3)(A) of the Public Health Service Act (42 U.S.C. 254b(b)(3)(A))).

(b) GUIDANCE TO STATES REGARDING FEDERAL REIMBURSEMENT FOR FURNISHING SERVICES AND TREATMENT FOR SUBSTANCE USE DISORDERS UNDER MEDICAID USING TELEHEALTH SERVICES, INCLUDING IN SCHOOL-BASED HEALTH CENTERS.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall issue guidance to States on the following:

(1) State options for Federal reimbursement of expenditures under Medicaid for furnishing services and treatment for substance use disorders, including assessment, medication-assisted treatment, counseling, and medication management, using telehealth services. Such guidance shall also include guidance on furnishing services and treatments that address the needs of high risk individuals, including at least the following groups:

(A) American Indians and Alaska Natives.

(B) Adults under the age of 40.

(C) Individuals with a history of nonfatal overdose.

(2) State options for Federal reimbursement of expenditures under Medicaid for education directed to providers serving Medicaid beneficiaries with substance use disorders using the hub and spoke model, through contracts with managed care entities, through administrative claiming for disease management activities, and under Delivery System Reform Incentive Payment (''DSRIP'') programs.

(3) State options for Federal reimbursement of expenditures under Medicaid for furnishing services and treatment for substance use disorders for individuals enrolled in Medicaid in a school-based health center using telehealth services.

(c) GAO EVALUATION OF CHILDREN'S ACCESS TO SERVICES AND TREATMENT FOR SUBSTANCE USE DISORDERS UNDER MEDICAID.—

(1) STUDY.—The Comptroller General shall evaluate children's access to services and treatment for substance use disorders under Medicaid. The evaluation shall include an analysis of State options for improving children's access to such services and treatment and for improving outcomes, including by increasing the number of Medicaid providers who offer services or treatment for substance use disorders in a school-based health center using telehealth services, particularly in rural and underserved areas. The evaluation shall include an analysis of Medicaid provider reimbursement rates for services and treatment for substance use disorders.

(2) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the evaluation conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(d) REPORT ON REDUCING BARRIERS TO USING TELEHEALTH SERVICES AND REMOTE PATIENT MONITORING FOR PEDIATRIC POPULATIONS UNDER MEDICAID.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall issue a report to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representative identifying best practices and potential solutions for reducing barriers to using telehealth services to furnish services and treatment for substance use disorders among pediatric populations under Medicaid. The report shall include—

(A) analyses of the best practices, barriers, and potential solutions for using telehealth services to diagnose and provide services and treatment for children with substance use disorders, including opioid use disorder; and

(B) identification and analysis of the differences, if any, in furnishing services and treatment for children with substance use disorders using telehealth services and using services delivered in person, such as, and to the extent feasible, with respect to—

(i) utilization rates;

(ii) costs;

(iii) avoidable inpatient admissions and readmissions;

(iv) quality of care; and

(v) patient, family, and provider satisfaction.

(2) PUBLICATION.—The Secretary shall publish the report required under paragraph (1) on a public Internet website of the Department of Health and Human Services.

SEC. 2204. ENHANCING PATIENT ACCESS TO NON-OPIOID TREATMENT OPTIONS.

Not later than January 1, 2019, the Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall issue 1 or more final guidance documents, or update existing guidance documents, to States regarding mandatory and optional items and services that may be provided under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), or under a waiver of such a plan, for non-opioid treatment and management of pain, including, but not limited to, evidence-based non-opioid pharmacological therapies and non-pharmacological therapies.

SEC. 2205. ASSESSING BARRIERS TO OPIOID USE DISORDER TREATMENT.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall conduct a study regarding the barriers to providing medication used in the treatment of substance use disorders under Medicaid distribution models such as the ''buy-and-bill'' model, and options for State Medicaid programs to remove or reduce such barriers.

The study shall include analyses of each of the following models of distribution of substance use disorder treatment medications, particularly buprenorphine, naltrexone, and buprenorphine-naloxone combinations:

(A) The purchasing, storage, and administration of substance use disorder treatment medications by providers.

(B) The dispensing of substance use disorder treatment medications by pharmacists.

(C) The ordering, prescribing, and obtaining substance use disorder treatment medications on demand from specialty pharmacies by providers.

(2) REQUIREMENTS.—For each model of distribution specified in paragraph (1), the Comptroller General shall evaluate how each model presents barriers or could be used by selected State Medicaid programs to reduce the barriers related to the provision of substance use disorder treatment by examining what is known about the effects of the model of distribution on—

(A) Medicaid beneficiaries' access to substance use disorder treatment medications;

(B) the differential cost to the program between each distribution model for medication assisted treatment; and

(C) provider willingness to provide or prescribe substance use disorder treatment medications.

(b) REPORT.—Not later than 15 months after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 2206. HELP FOR MOMS AND BABIES.

(a) MEDICAID STATE PLAN.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended by adding at the end the following new sentence: ''In the case of a woman who is eligible for medical assistance on the basis of being pregnant (including through the end of the month in which the 60-day period beginning on the last day of her pregnancy ends), who is a patient in an institution for mental diseases for purposes of receiving treatment for a substance use disorder, and who was enrolled for medical assistance under the State plan immediately before becoming a patient in an institution for mental diseases or who becomes eligible to enroll for such medical assistance while such a patient, the exclusion from the definition of 'medical assistance' set forth in the subdivision (B) following paragraph (29) of the first sentence of this subsection shall not be construed as prohibiting Federal financial participation for medical assistance for items or services that are provided to the woman outside of the institution.''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendment made by subsection (a) shall take effect on the date of enactment of this Act.

(2) RULE FOR CHANGES REQUIRING STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendment made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SEC. 2207. SECURING FLEXIBILITY TO TREAT SUBSTANCE USE DISORDERS.

Section 1903(m) of the Social Security Act (42 U.S.C. 1396b(m)) is amended by adding at the end the following new paragraph:

''(7) Payment shall be made under this title to a State for expenditures for capitation payments described in section 438.6(e) of title 42, Code of Federal Regulations (or any successor regulation).''.

SEC. 2208. MACPAC STUDY AND REPORT ON MAT UTILIZATION CONTROLS UNDER STATE MEDICAID PROGRAMS.

(a) STUDY.—The Medicaid and CHIP Payment and Access Commission shall conduct a study and analysis of utilization control policies applied to medication-assisted treatment for substance use disorders under State Medicaid programs, including policies and procedures applied both in fee-for-service Medicaid and in risk-based managed care Medicaid, which shall—

(1) include an inventory of such utilization control policies and related protocols for ensuring access to medically necessary treatment;

(2) determine whether managed care utilization control policies and procedures for medication assisted treatment for substance use disorders are consistent with section 438.210(a)(4)(ii) of title 42, Code of Federal Regulations; and

(3) identify policies that—

(A) limit an individual's access to medication-assisted treatment for a substance use disorder by limiting the quantity of medication-assisted treatment prescriptions, or the number of refills for such prescriptions, available to the individual as part of a prior authorization process or similar utilization protocols; and

(B) apply without evaluating individual instances of fraud, waste, or abuse.

(b) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission shall make publicly available a report containing the results of the study conducted under subsection (a).

SEC. 2209. OPIOID ADDICTION TREATMENT PROGRAMS ENHANCEMENT.

(a) T–MSIS SUBSTANCE USE DISORDER DATA BOOK.—

(1) IN GENERAL.—Not later than the date that is 12 months after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall publish on the public website of the Centers for Medicare & Medicaid Services a report with comprehensive data on the prevalence of substance use disorders in the Medicaid beneficiary population and services provided for the treatment of substance use disorders under Medicaid.

(2) CONTENT OF REPORT.—The report required under paragraph (1) shall include, at a minimum, the following data for each State (including, to the extent available, for the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa):

(A) The number and percentage of individuals enrolled in the State Medicaid plan or waiver of such plan in each of the major enrollment categories (as defined in a public letter from the Medicaid and CHIP Payment and Access Commission to the Secretary) who have been diagnosed with a substance use disorder and whether such individuals are enrolled under the State Medicaid plan or a waiver of such plan, including the specific waiver authority under which they are enrolled, to the extent available.

(B) A list of the substance use disorder treatment services by each major type of service, such as counseling, medication assisted treatment, peer support, residential treatment, and inpatient care, for which beneficiaries in each State received at least 1 service under the State Medicaid plan or a waiver of such plan.

(C) The number and percentage of individuals with a substance use disorder diagnosis enrolled in the State Medicaid plan or waiver of such plan who received substance use disorder treatment services under such plan or waiver by each major type of service under subparagraph (B) within each major setting type, such as outpatient, inpatient, residential, and other home and community-based settings.

(D) The number of services provided under the State Medicaid plan or waiver of such plan per individual with a substance use disorder diagnosis enrolled in such plan or waiver for each major type of service under subparagraph (B).

(E) The number and percentage of individuals enrolled in the State Medicaid plan or waiver, by major enrollment category, who received substance use disorder treatment through—

(i) a medicaid managed care entity (as defined in section 1932(a)(1)(B) of the Social Security Act (42 U.S.C. 1396u–2(a)(1)(B))), including the number of such individuals who received such assistance through a prepaid inpatient health plan or a prepaid ambulatory health plan;

(ii) a fee-for-service payment model; or

(iii) an alternative payment model, to the extent available.

(F) The number and percentage of individuals with a substance use disorder who receive substance use disorder treatment services in an outpatient or home and community-based setting after receiving treatment in an inpatient or residential setting, and the number of services received by such individuals in the outpatient or home and community-based setting.

(3) ANNUAL UPDATES.—The Secretary shall issue an updated version of the report required under paragraph (1) not later than January 1 of each calendar year through 2024.

(4) USE OF T–MSIS DATA.—The report required under paragraph (1) and updates required under paragraph (3) shall—

(A) use data and definitions from the Transformed Medicaid Statistical Information System (''T–MSIS'') data set that is no more than 12 months old on the date that the report or update is published; and

(B) as appropriate, include a description with respect to each State of the quality and completeness of the data and caveats describing the limitations of the data reported to the Secretary by the State that is sufficient to communicate the appropriate uses for the information.

(b) MAKING T–MSIS DATA ON SUBSTANCE USE DISORDERS AVAILABLE TO RESEARCHERS.—

(1) IN GENERAL.—The Secretary shall publish in the Federal Register a system of records notice for the data specified in paragraph (2) for the Transformed Medicaid Statistical Information System, in accordance with section 552a(e)(4) of title 5, United States Code. The notice shall outline policies that protect the security and privacy of the data that, at a minimum, meet the security and privacy policies of SORN 09-70-0541 for the Medicaid Statistical Information System.

(2) REQUIRED DATA.—The data covered by the systems of records notice required under paragraph (1) shall be sufficient for researchers and States to analyze the prevalence of

substance use disorders in the Medicaid beneficiary population and the treatment of substance use disorders under Medicaid across all States (including the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa), forms of treatment, and treatment settings.

(3) INITIATION OF DATA-SHARING ACTIVITIES.—Not later than January 1, 2019, the Secretary shall initiate the data-sharing activities outlined in the notice required under paragraph (1).

SEC. 2210. BETTER DATA SHARING TO COMBAT THE OPIOID CRISIS.

(a) IN GENERAL.—Section 1903(m) of the Social Security Act (42 U.S.C. 1396b(m)), as amended by section 2207, is amended by adding at the end the following new paragraph:

''(8)(A) The State agency administering the State plan under this title may have reasonable access, as determined by the State, to 1 or more prescription drug monitoring program databases administered or accessed by the State to the extent the State agency is permitted to access such databases under State law.

''(B) Such State agency may facilitate reasonable access, as determined by the State, to 1 or more prescription drug monitoring program databases administered or accessed by the State, to same extent that the State agency is permitted under State law to access such databases, for—

''(i) any provider enrolled under the State plan to provide services to Medicaid beneficiaries; and

''(ii) any managed care entity (as defined under section 1932(a)(1)(B)) that has a contract with the State under this subsection or under section 1905(t)(3).

''(C) Such State agency may share information in such databases, to the same extent that the State agency is permitted under State law to share information in such databases, with—

''(i) any provider enrolled under the State plan to provide services to Medicaid beneficiaries; and

''(ii) any managed care entity (as defined under section 1932(a)(1)(B)) that has a contract with the State under this subsection or under section 1905(t)(3).''.

(b) SECURITY AND PRIVACY.—All applicable State and Federal security and privacy protections and laws shall apply to any State agency, individual, or entity accessing 1 or more prescription drug monitoring program databases or obtaining information in such databases in accordance with section 1903(m)(8) of the Social Security Act (42 U.S.C. 1396b(m)(8)) (as added by subsection (a)).

(c) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of enactment of this Act.

SEC. 2211. MANDATORY REPORTING WITH RESPECT TO ADULT BEHAVIORAL HEALTH MEASURES.

Section 1139B of the Social Security Act (42 U.S.C. 1320b–9b) is amended—

(1) in subsection (b)—

(A) in paragraph (3)—

(i) by striking ''Not later than January 1, 2013'' and inserting the following:

''(A) VOLUNTARY REPORTING.—Not later than January 1, 2013''; and

(ii) by adding at the end the following:

''(B) MANDATORY REPORTING WITH RESPECT TO BEHAVIORAL HEALTH MEASURES.—Beginning with the State report required under subsection (d)(1) for 2024, the Secretary shall require States to use all behavioral health measures included in the core set of adult health quality measures and any updates or changes to such measures to report information, using the standardized format for reporting information and procedures developed under subparagraph (A), regarding the quality of behavioral health care for Medicaid eligible adults.'';

(B) in paragraph (5), by adding at the end the following new subparagraph:

''(C) BEHAVIORAL HEALTH MEASURES.—Beginning with respect to State reports required under subsection (d)(1) for 2024, the core set of adult health quality measures maintained under this paragraph (and any updates or changes to such measures) shall include behavioral health measures.''; and

(2) in subsection (d)(1)(A)—

(A) by striking ''the such plan'' and inserting ''such plan''; and

(B) by striking ''subsection (a)(5)'' and inserting ''subsection (b)(5) and, beginning with the report for 2024, all behavioral health measures included in the core set of adult health quality measures maintained under such subsection (b)(5) and any updates or changes to such measures (as required under subsection (b)(3))''.

SEC. 2212. REPORT ON INNOVATIVE STATE INITIATIVES AND STRATEGIES TO PROVIDE HOUSING-RELATED SERVICES AND SUPPORTS TO INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDERS UNDER MEDICAID.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue a report to Congress describing innovative State initiatives and strategies for providing housing-related services and supports under a State Medicaid program to individuals with substance use disorders who are experiencing or at risk of experiencing homelessness.

(b) CONTENT OF REPORT.—The report required under subsection (a) shall describe the following:

(1) Existing methods and innovative strategies developed and adopted by State Medicaid programs that have achieved positive outcomes in increasing housing stability among Medicaid beneficiaries with substance use disorders who are experiencing or at risk of experiencing homelessness, including Medicaid beneficiaries with substance use disorders who are—

(A) receiving treatment for substance use disorders in inpatient, residential, outpatient, or home and community-based settings;

(B) transitioning between substance use disorder treatment settings; or

(C) living in supportive housing or another model of affordable housing.

(2) Strategies employed by Medicaid managed care organizations, primary care case managers, hospitals, accountable care organizations, and other care coordination providers to deliver housing-related services and supports and to coordinate services provided under State Medicaid programs across different treatment settings.

(3) Innovative strategies and lessons learned by States with Medicaid waivers approved under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), including—

(A) challenges experienced by States in designing, securing, and implementing such waivers or plan amendments;

(B) how States developed partnerships with other organizations such as behavioral health agencies, State housing agencies, housing providers, health care services agencies and providers, community-based organizations, and health insurance plans to implement waivers or State plan amendments; and

(C) how and whether States plan to provide Medicaid coverage for housing-related services and supports in the future, including by covering such services and supports under State Medicaid plans or waivers.

(4) Existing opportunities for States to provide housing-related services and supports through a Medicaid waiver under sections 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n) or through a State Medicaid plan amendment, such as the Assistance in Community Integration Service pilot program, which promotes supportive housing and other housing-related supports under Medicaid for individuals with substance use disorders and for which Maryland has a waiver approved under such section 1115 to conduct the program.

(5) Innovative strategies and partnerships developed and implemented by State Medicaid programs or other entities to identify and enroll eligible individuals with substance use disorders who are experiencing or at risk of experiencing homelessness in State Medicaid programs.

SEC. 2213. TECHNICAL ASSISTANCE AND SUPPORT FOR INNOVATIVE STATE STRATEGIES TO PROVIDE HOUSING-RELATED SUPPORTS UNDER MEDICAID.

(a) IN GENERAL.—The Secretary of Health and Human Services shall provide technical assistance and support to States regarding the development and expansion of innovative State strategies (including through State Medicaid demonstration projects) to provide housing-related supports and services and care coordination services under Medicaid to individuals with substance use disorders.

(b) REPORT.—Not later than 180 days after the date of enactment of this Act, the Secretary shall issue a report to Congress detailing a plan of action to carry out the requirements of subsection (a).

Subtitle C—Human Services

SEC. 2301. SUPPORTING FAMILY-FOCUSED RESIDENTIAL TREATMENT.

(a) DEFINITIONS.—In this section:

(1) FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAM.—The term ''family-focused residential treatment program'' means a trauma-informed residential program primarily for substance use disorder treatment for pregnant and postpartum women and parents and guardians that allows children to reside with such women or their parents or guardians during treatment to the extent appropriate and applicable.

(2) MEDICAID PROGRAM.—The term ''Medicaid program'' means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(4) TITLE IV–E PROGRAM.—The term ''title IV–E program'' means the program for foster care, prevention, and permanency established under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.).

(b) GUIDANCE ON FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAMS.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary, in consultation with divisions of the Department of Health and Human Services administering substance use disorder or child welfare programs, shall develop and issue guidance to States identifying opportunities to support family-focused residential treatment programs for the provision of substance use disorder treatment. Before issuing such guidance, the Secretary shall solicit input from representatives of States, health care providers with expertise in addiction medicine, obstetrics and gynecology, neonatology, child trauma, and child development, health plans, recipients of family-focused treatment services, and other relevant stakeholders.

(2) ADDITIONAL REQUIREMENTS.—The guidance required under paragraph (1) shall include descriptions of the following:

(A) Existing opportunities and flexibilities under the Medicaid program, including under

waivers authorized under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for States to receive Federal Medicaid funding for the provision of substance use disorder treatment for pregnant and postpartum women and parents and guardians and, to the extent applicable, their children, in family-focused residential treatment programs.

(B) How States can employ and coordinate funding provided under the Medicaid program, the title IV-E program, and other programs administered by the Secretary to support the provision of treatment and services provided by a family-focused residential treatment facility such as substance use disorder treatment and services, including medication-assisted treatment, family, group, and individual counseling, case management, parenting education and skills development, the provision, assessment, or coordination of care and services for children, including necessary assessments and appropriate interventions, non-emergency transportation for necessary care provided at or away from a program site, transitional services and supports for families leaving treatment, and other services.

(C) How States can employ and coordinate funding provided under the Medicaid program and the title IV–E program (including as amended by the Family First Prevention Services Act enacted under title VII of division E of Public Law 115–123, and particularly with respect to the authority under subsections (a)(2)(C) and (j) of section 472 and section 474(a)(1) of the Social Security Act (42 U.S.C. 672, 674(a)(1)) (as amended by section 50712 of Public Law 115–123) to provide foster care maintenance payments for a child placed with a parent who is receiving treatment in a licensed residential family-based treatment facility for a substance use disorder) to support placing children with their parents in family-focused residential treatment programs.

SEC. 2302. IMPROVING RECOVERY AND REUNIFYING FAMILIES.

(a) FAMILY RECOVERY AND REUNIFICATION PROGRAM REPLICATION PROJECT.—Section 435 of the Social Security Act (42 U.S.C. 629e) is amended by adding at the end the following:

''(e) FAMILY RECOVERY AND REUNIFICATION PROGRAM REPLICATION PROJECT.—

''(1) PURPOSE.—The purpose of this subsection is to provide resources to the Secretary to support the conduct and evaluation of a family recovery and reunification program replication project (referred to in this subsection as the 'project') and to determine the extent to which such programs may be appropriate for use at different intervention points (such as when a child is at risk of entering foster care or when a child is living with a guardian while a parent is in treatment). The family recovery and reunification program conducted under the project shall use a recovery coach model that is designed to help reunify families and protect children by working with parents or guardians with a substance use disorder who have temporarily lost custody of their children.

''(2) PROGRAM COMPONENTS.—The family recovery and reunification program conducted under the project shall adhere closely to the elements and protocol determined to be most effective in other recovery coaching programs that have been rigorously evaluated and shown to increase family reunification and protect children and, consistent with such elements and protocol, shall provide such items and services as—

''(A) assessments to evaluate the needs of the parent or guardian;

''(B) assistance in receiving the appropriate benefits to aid the parent or guardian in recovery;

''(C) services to assist the parent or guardian in prioritizing issues identified in assessments, establishing goals for resolving such issues that are consistent with the goals of the treatment provider, child welfare agency, courts, and other agencies involved with the parent or guardian or their children, and making a coordinated plan for achieving such goals;

''(D) home visiting services coordinated with the child welfare agency and treatment provider involved with the parent or guardian or their children;

''(E) case management services to remove barriers for the parent or guardian to participate and continue in treatment, as well as to re-engage a parent or guardian who is not participating or progressing in treatment;

''(F) access to services needed to monitor the parent's or guardian's compliance with program requirements;

''(G) frequent reporting between the treatment provider, child welfare agency, courts, and other agencies involved with the parent or guardian or their children to ensure appropriate information on the parent's or guardian's status is available to inform decision-making; and

''(H) assessments and recommendations provided by a recovery coach to the child welfare caseworker responsible for documenting the parent's or guardian's progress in treatment and recovery as well as the status of other areas identified in the treatment plan for the parent or guardian, including a recommendation regarding the expected safety of the child if the child is returned to the custody of the parent or guardian that can be used by the caseworker and a court to make permanency decisions regarding the child.

''(3) RESPONSIBILITIES OF THE SECRETARY.—

''(A) IN GENERAL.—The Secretary shall, through a grant or contract with 1 or more entities, conduct and evaluate the family recovery and reunification program under the project.

''(B) REQUIREMENTS.—In identifying 1 or more entities to conduct the evaluation of the family recovery and reunification program, the Secretary shall—

''(i) determine that the area or areas in which the program will be conducted have sufficient substance use disorder treatment providers and other resources (other than those provided with funds made available to carry out the project) to successfully conduct the program;

''(ii) determine that the area or areas in which the program will be conducted have enough potential program participants, and will serve a sufficient number of parents or guardians and their children, so as to allow for the formation of a control group, evaluation results to be adequately powered, and preliminary results of the evaluation to be available within 4 years of the program's implementation;

''(iii) provide the entity or entities with technical assistance for the program design, including by working with 1 or more entities that are or have been involved in recovery coaching programs that have been rigorously evaluated and shown to increase family reunification and protect children so as to make sure the program conducted under the project adheres closely to the elements and protocol determined to be most effective in such other recovery coaching programs;

''(iv) assist the entity or entities in securing adequate coaching, treatment, child welfare, court, and other resources needed to successfully conduct the family recovery and reunification program under the project; and

''(v) ensure the entity or entities will be able to monitor the impacts of the program in the area or areas in which it is conducted for at least 5 years after parents or guardians and their children are randomly assigned to participate in the program or to be part of the program's control group.

''(4) EVALUATION REQUIREMENTS.—

''(A) IN GENERAL.—The Secretary, in consultation with the entity or entities conducting the family recovery and reunification program under the project, shall conduct an evaluation to determine whether the program has been implemented effectively and resulted in improvements for children and families. The evaluation shall have 3 components: a pilot phase, an impact study, and an implementation study.

''(B) PILOT PHASE.—The pilot phase component of the evaluation shall consist of the Secretary providing technical assistance to the entity or entities conducting the family recovery and reunification program under the project to ensure—

''(i) the program's implementation adheres closely to the elements and protocol determined to be most effective in other recovery coaching programs that have been rigorously evaluated and shown to increase family reunification and protect children; and

''(ii) random assignment of parents or guardians and their children to be participants in the program or to be part of the program's control group is being carried out.

''(C) IMPACT STUDY.—The impact study component of the evaluation shall determine the impacts of the family recovery and reunification program conducted under the project on the parents and guardians and their children participating in the program. The impact study component shall—

''(i) be conducted using an experimental design that uses a random assignment research methodology;

''(ii) consistent with previous studies of other recovery coaching programs that have been rigorously evaluated and shown to increase family reunification and protect children, measure outcomes for parents and guardians and their children over multiple time periods, including for a period of 5 years; and

''(iii) include measurements of family stability and parent, guardian, and child safety for program participants and the program control group that are consistent with measurements of such factors for participants and control groups from previous studies of other recovery coaching programs so as to allow results of the impact study to be compared with the results of such prior studies, including with respect to comparisons between program participants and the program control group regarding—

''(I) safe family reunification;

''(II) time to reunification;

''(III) permanency (such as through measures of reunification, adoption, or placement with guardians);

''(IV) safety (such as through measures of subsequent maltreatment);

''(V) parental or guardian treatment persistence and engagement;

''(VI) parental or guardian substance use;

''(VII) juvenile delinquency;

''(VIII) cost; and

''(IX) other measurements agreed upon by the Secretary and the entity or entities operating the family recovery and reunification program under the project.

''(D) IMPLEMENTATION STUDY.—The implementation study component of the evaluation shall be conducted concurrently with the conduct of the impact study component and shall include, in addition to such other information as the Secretary may determine, descriptions and analyses of—

''(i) the adherence of the family recovery and reunification program conducted under the project to other recovery coaching programs that have been rigorously evaluated

and shown to increase family reunification and protect children; and

''(ii) the difference in services received or proposed to be received by the program participants and the program control group.

''(E) REPORT.—The Secretary shall publish on an internet website maintained by the Secretary the following information:

''(i) A report on the pilot phase component of the evaluation.

''(ii) A report on the impact study component of the evaluation.

''(iii) A report on the implementation study component of the evaluation.

''(iv) A report that includes—

''(I) analyses of the extent to which the program has resulted in increased reunifications, increased permanency, case closures, net savings to the State or States involved (taking into account both costs borne by States and the Federal government), or other outcomes, or if the program did not produce such outcomes, an analysis of why the replication of the program did not yield such results;

''(II) if, based on such analyses, the Secretary determines the program should be replicated, a replication plan; and

''(III) such recommendations for legislation and administrative action as the Secretary determines appropriate.

''(5) APPROPRIATION.—In addition to any amounts otherwise made available to carry out this subpart, out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated $15,000,000 for fiscal year 2019 to carry out the project, which shall remain available through fiscal year 2026.''.

(b) CLARIFICATION OF PAYER OF LAST RESORT APPLICATION TO CHILD WELFARE PREVENTION AND FAMILY SERVICES.—Section 471(e)(10) of the Social Security Act (42 U.S.C. 671(e)(10)), as added by section 50711(a)(2) of division E of Public Law 115–123, is amended—

(1) in subparagraph (A), by inserting '', nor shall the provision of such services or programs be construed to permit the State to reduce medical or other assistance available to a recipient of such services or programs'' after ''under this Act''; and

(2) by adding at the end the following:

''(C) PAYER OF LAST RESORT.—In carrying out its responsibilities to ensure access to services or programs under this subsection, the State agency shall not be considered to be a legally liable third party for purposes of satisfying a financial commitment for the cost of providing such services or programs with respect to any individual for whom such cost would have been paid for from another public or private source but for the enactment of this subsection (except that whenever considered necessary to prevent a delay in the receipt of appropriate early intervention services by a child or family in a timely fashion, funds provided under section 474(a)(6) may be used to pay the provider of services or programs pending reimbursement from the public or private source that has ultimate responsibility for the payment).''.

(c) EFFECTIVE DATE.—The amendments made by subsection (b) shall take effect as if included in section 50711 of division E of Public Law 115–123.

SEC. 2303. BUILDING CAPACITY FOR FAMILY-FOCUSED RESIDENTIAL TREATMENT.

(a) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term ''eligible entity'' means a State, county, local, or tribal health or child welfare agency, a private nonprofit organization, a research organization, a treatment service provider, an institution of higher education (as defined under section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)), or another entity specified by the Secretary.

(2) FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAM.—The term ''family-focused residential treatment program'' means a trauma-informed residential program primarily for substance use disorder treatment for pregnant and postpartum women and parents and guardians that allows children to reside with such women or their parents or guardians during treatment to the extent appropriate and applicable.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(b) SUPPORT FOR THE DEVELOPMENT OF EVIDENCE-BASED FAMILY-FOCUSED RESIDENTIAL TREATMENT PROGRAMS.—

(1) AUTHORITY TO AWARD GRANTS.—The Secretary shall award grants to eligible entities for purposes of developing, enhancing, or evaluating family-focused residential treatment programs to increase the availability of such programs that meet the requirements for promising, supported, or well-supported practices specified in section 471(e)(4)(C) of the Social Security Act (42 U.S.C. 671(e)(4)(C))) (as added by the Family First Prevention Services Act enacted under title VII of division E of Public Law 115–123).

(2) EVALUATION REQUIREMENT.—The Secretary shall require any evaluation of a family-focused residential treatment program by an eligible entity that uses funds awarded under this section for all or part of the costs of the evaluation be designed to assist in the determination of whether the program may qualify as a promising, supported, or well-supported practice in accordance with the requirements of such section 471(e)(4)(C).

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out this section, $20,000,000 for fiscal year 2019, which shall remain available through fiscal year 2023.

Subtitle D—Synthetics Trafficking and Overdose Prevention

SEC. 2401. SHORT TITLE.

This subtitle may be cited as the ''Synthetics Trafficking and Overdose Prevention Act of 2018'' or ''STOP Act of 2018''.

SEC. 2402. CUSTOMS FEES.

(a) IN GENERAL.—Section 13031(b)(9) of the Consolidated Omnibus Budget Reconciliation Act of 1985 (19 U.S.C. 58c(b)(9)) is amended by adding at the end the following:

''(D)(i) With respect to the processing of items that are sent to the United States through the international postal network by 'Inbound Express Mail service' or 'Inbound EMS' (as that service is described in the mail classification schedule referred to in section 3631 of title 39, United States Code), the following payments are required:

''(I) $1 per Inbound EMS item.

''(II) If an Inbound EMS item is formally entered, the fee provided for under subsection (a)(9), if applicable.

''(ii) Notwithstanding section 451 of the Tariff Act of 1930 (19 U.S.C. 1451), the payments required by clause (i), as allocated pursuant to clause (iii)(I), shall be the only payments required for reimbursement of U.S. Customs and Border Protection for customs services provided in connection with the processing of an Inbound EMS item.

''(iii)(I) The payments required by clause (i)(I) shall be allocated as follows:

''(aa) 50 percent of the amount of the payments shall be paid on a quarterly basis by the United States Postal Service to the Commissioner of U.S. Customs and Border Protection in accordance with regulations prescribed by the Secretary of the Treasury to reimburse U.S. Customs and Border Protection for customs services provided in connection with the processing of Inbound EMS items.

''(bb) 50 percent of the amount of the payments shall be retained by the Postal Service to reimburse the Postal Service for services provided in connection with the customs processing of Inbound EMS items.

''(II) Payments received by U.S. Customs and Border Protection under subclause (I)(aa) shall, in accordance with section 524 of the Tariff Act of 1930 (19 U.S.C. 1524), be deposited in the Customs User Fee Account and used to directly reimburse each appropriation for the amount paid out of that appropriation for the costs incurred in providing services to international mail facilities. Amounts deposited in accordance with the preceding sentence shall be available until expended for the provision of such services.

''(III) Payments retained by the Postal Service under subclause (I)(bb) shall be used to directly reimburse the Postal Service for the costs incurred in providing services in connection with the customs processing of Inbound EMS items.

''(iv) Beginning in fiscal year 2021, the Secretary, in consultation with the Postmaster General, may adjust, not more frequently than once each fiscal year, the amount described in clause (i)(I) to an amount commensurate with the costs of services provided in connection with the customs processing of Inbound EMS items, consistent with the obligations of the United States under international agreements.''.

(b) CONFORMING AMENDMENTS.—Section 13031(a) of the Consolidated Omnibus Budget Reconciliation Act of 1985 (19 U.S.C. 58c(a)) is amended—

(1) in paragraph (6), by inserting ''(other than an item subject to a fee under subsection (b)(9)(D))'' after ''customs officer''; and

(2) in paragraph (10)—

(A) in subparagraph (C), in the matter preceding clause (i), by inserting ''(other than Inbound EMS items described in subsection (b)(9)(D))'' after ''release''; and

(B) in the flush at the end, by inserting ''or of Inbound EMS items described in subsection (b)(9)(D),'' after ''(C),''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on January 1, 2020.

SEC. 2403. MANDATORY ADVANCE ELECTRONIC INFORMATION FOR POSTAL SHIPMENTS.

(a) MANDATORY ADVANCE ELECTRONIC INFORMATION.—

(1) IN GENERAL.—Section 343(a)(3)(K) of the Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071 note) is amended to read as follows:

''(K)(i) The Secretary shall prescribe regulations requiring the United States Postal Service to transmit the information described in paragraphs (1) and (2) to the Commissioner of U.S. Customs and Border Protection for international mail shipments by the Postal Service (including shipments to the Postal Service from foreign postal operators that are transported by private carrier) consistent with the requirements of this subparagraph.

''(ii) In prescribing regulations under clause (i), the Secretary shall impose requirements for the transmission to the Commissioner of information described in paragraphs (1) and (2) for mail shipments described in clause (i) that are comparable to the requirements for the transmission of such information imposed on similar non-mail shipments of cargo, taking into account the parameters set forth in subparagraphs (A) through (J).

''(iii) The regulations prescribed under clause (i) shall require the transmission of the information described in paragraphs (1) and (2) with respect to a shipment as soon as practicable in relation to the transportation

of the shipment, consistent with subparagraph (H).

''(iv) Regulations prescribed under clause (i) shall allow for the requirements for the transmission to the Commissioner of information described in paragraphs (1) and (2) for mail shipments described in clause (i) to be implemented in phases, as appropriate, by—

''(I) setting incremental targets for increasing the percentage of such shipments for which information is required to be transmitted to the Commissioner; and

''(II) taking into consideration—

''(aa) the risk posed by such shipments;

''(bb) the volume of mail shipped to the United States by or through a particular country; and

''(cc) the capacities of foreign postal operators to provide that information to the Postal Service.

''(v)(I) Notwithstanding clause (iv), the Postal Service shall, not later than December 31, 2018, arrange for the transmission to the Commissioner of the information described in paragraphs (1) and (2) for not less than 70 percent of the aggregate number of mail shipments, including 100 percent of mail shipments from the People's Republic of China, described in clause (i).

''(II) If the requirements of subclause (I) are not met, the Comptroller General of the United States shall submit to the appropriate congressional committees, not later than June 30, 2019, a report—

''(aa) assessing the reasons for the failure to meet those requirements; and

''(bb) identifying recommendations to improve the collection by the Postal Service of the information described in paragraphs (1) and (2).

''(vi)(I) Notwithstanding clause (iv), the Postal Service shall, not later than December 31, 2020, arrange for the transmission to the Commissioner of the information described in paragraphs (1) and (2) for 100 percent of the aggregate number of mail shipments described in clause (i).

''(II) The Commissioner, in consultation with the Postmaster General, may determine to exclude a country from the requirement described in subclause (I) to transmit information for mail shipments described in clause (i) from the country if the Commissioner determines that the country—

''(aa) does not have the capacity to collect and transmit such information;

''(bb) represents a low risk for mail shipments that violate relevant United States laws and regulations; and

''(cc) accounts for low volumes of mail shipments that can be effectively screened for compliance with relevant United States laws and regulations through an alternate means.

''(III) The Commissioner shall, at a minimum on an annual basis, re-evaluate any determination made under subclause (II) to exclude a country from the requirement described in subclause (I). If, at any time, the Commissioner determines that a country no longer meets the requirements under subclause (II), the Commissioner may not further exclude the country from the requirement described in subclause (I).

''(IV) The Commissioner shall, on an annual basis, submit to the appropriate congressional committees—

''(aa) a list of countries with respect to which the Commissioner has made a determination under subclause (II) to exclude the countries from the requirement described in subclause (I); and

''(bb) information used to support such determination with respect to such countries.

''(vii)(I) The Postmaster General shall, in consultation with the Commissioner, refuse any shipments received after December 31, 2020, for which the information described in paragraphs (1) and (2) is not transmitted as required under this subparagraph, except as provided in subclause (II).

''(II) If remedial action is warranted in lieu of refusal of shipments pursuant to subclause (I), the Postmaster General and the Commissioner shall take remedial action with respect to the shipments, including destruction, seizure, controlled delivery or other law enforcement initiatives, or correction of the failure to provide the information described in paragraphs (1) and (2) with respect to the shipment.

''(viii) Nothing in this subparagraph shall be construed to limit the authority of the Secretary to obtain information relating to international mail shipments from private carriers or other appropriate parties.

''(ix) In this subparagraph, the term 'appropriate congressional committees' means—

''(I) the Committee on Finance and the Committee on Homeland Security and Governmental Affairs of the Senate; and

''(II) the Committee on Ways and Means, the Committee on Oversight and Government Reform, and the Committee on Homeland Security of the House of Representatives.''.

(2) JOINT STRATEGIC PLAN ON MANDATORY ADVANCE INFORMATION.—Not later than 60 days after the date of the enactment of this Act, the Secretary of Homeland Security and the Postmaster General shall develop and submit to the appropriate congressional committees a joint strategic plan detailing specific performance measures for achieving—

(A) the transmission of information as required by section 343(a)(3)(K) of the Trade Act of 2002, as amended by paragraph (1); and

(B) the presentation by the Postal Service to U.S. Customs and Border Protection of all mail targeted by U.S. Customs and Border Protection for inspection.

(b) CAPACITY BUILDING.—

(1) IN GENERAL.—Section 343(a) of the Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071 note) is amended by adding at the end the following:

''(5) CAPACITY BUILDING.—

''(A) IN GENERAL.—The Secretary, with the concurrence of the Secretary of State, and in coordination with the Postmaster General and the heads of other Federal agencies, as appropriate, may provide technical assistance, equipment, technology, and training to enhance the capacity of foreign postal operators—

''(i) to gather and provide the information required by paragraph (3)(K); and

''(ii) to otherwise gather and provide postal shipment information related to—

''(I) terrorism;

''(II) items the importation or introduction of which into the United States is prohibited or restricted, including controlled substances; and

''(III) such other concerns as the Secretary determines appropriate.

''(B) PROVISION OF EQUIPMENT AND TECHNOLOGY.—With respect to the provision of equipment and technology under subparagraph (A), the Secretary may lease, loan, provide, or otherwise assist in the deployment of such equipment and technology under such terms and conditions as the Secretary may prescribe, including nonreimbursable loans or the transfer of ownership of equipment and technology.''.

(2) JOINT STRATEGIC PLAN ON CAPACITY BUILDING.—Not later than one year after the date of the enactment of this Act, the Secretary of Homeland Security and the Postmaster General shall, in consultation with the Secretary of State, jointly develop and submit to the appropriate congressional committees a joint strategic plan—

(A) detailing the extent to which U.S. Customs and Border Protection and the United States Postal Service are engaged in capacity building efforts under section 343(a)(5) of the Trade Act of 2002, as added by paragraph (1);

(B) describing plans for future capacity building efforts; and

(C) assessing how capacity building has increased the ability of U.S. Customs and Border Protection and the Postal Service to advance the goals of this subtitle and the amendments made by this subtitle.

(c) REPORT AND CONSULTATIONS BY SECRETARY OF HOMELAND SECURITY AND POSTMASTER GENERAL.—

(1) REPORT.—Not later than 180 days after the date of the enactment of this Act, and annually thereafter until 3 years after the Postmaster General has met the requirement under clause (vi) of subparagraph (K) of section 343(a)(3) of the Trade Act of 2002, as amended by subsection (a)(1), the Secretary of Homeland Security and the Postmaster General shall, in consultation with the Secretary of State, jointly submit to the appropriate congressional committees a report on compliance with that subparagraph that includes the following:

(A) An assessment of the status of the regulations required to be promulgated under that subparagraph.

(B) An update regarding new and existing agreements reached with foreign postal operators for the transmission of the information required by that subparagraph.

(C) A summary of deliberations between the United States Postal Service and foreign postal operators with respect to issues relating to the transmission of that information.

(D) A summary of the progress made in achieving the transmission of that information for the percentage of shipments required by that subparagraph.

(E) An assessment of the quality of that information being received by foreign postal operators, as determined by the Secretary of Homeland Security, and actions taken to improve the quality of that information.

(F) A summary of policies established by the Universal Postal Union that may affect the ability of the Postmaster General to obtain the transmission of that information.

(G) A summary of the use of technology to detect illicit synthetic opioids and other illegal substances in international mail parcels and planned acquisitions and advancements in such technology.

(H) Such other information as the Secretary of Homeland Security and the Postmaster General consider appropriate with respect to obtaining the transmission of information required by that subparagraph.

(2) CONSULTATIONS.—Not later than 180 days after the date of the enactment of this Act, and every 180 days thereafter until the Postmaster General has met the requirement under clause (vi) of section 343(a)(3)(K) of the Trade Act of 2002, as amended by subsection (a)(1), to arrange for the transmission of information with respect to 100 percent of the aggregate number of mail shipments described in clause (i) of that section, the Secretary of Homeland Security and the Postmaster General shall provide briefings to the appropriate congressional committees on the progress made in achieving the transmission of that information for that percentage of shipments.

(d) GOVERNMENT ACCOUNTABILITY OFFICE REPORT.—Not later than June 30, 2019, the Comptroller General of the United States shall submit to the appropriate congressional committees a report—

(1) assessing the progress of the United States Postal Service in achieving the transmission of the information required by subparagraph (K) of section 343(a)(3) of the

Trade Act of 2002, as amended by subsection (a)(1), for the percentage of shipments required by that subparagraph;

(2) assessing the quality of the information received from foreign postal operators for targeting purposes;

(3) assessing the specific percentage of targeted mail presented by the Postal Service to U.S. Customs and Border Protection for inspection;

(4) describing the costs of collecting the information required by such subparagraph (K) from foreign postal operators and the costs of implementing the use of that information;

(5) assessing the benefits of receiving that information with respect to international mail shipments;

(6) assessing the feasibility of assessing a customs fee under section 13031(b)(9) of the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended by section 2402, on international mail shipments other than Inbound Express Mail service in a manner consistent with the obligations of the United States under international agreements; and

(7) identifying recommendations, including recommendations for legislation, to improve the compliance of the Postal Service with such subparagraph (K), including an assessment of whether the detection of illicit synthetic opioids in the international mail would be improved by—

(A) requiring the Postal Service to serve as the consignee for international mail shipments containing goods; or

(B) designating a customs broker to act as an importer of record for international mail shipments containing goods.

(e) TECHNICAL CORRECTION.—Section 343 of the Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071 note) is amended in the section heading by striking ''**ADVANCED**'' and inserting ''**ADVANCE**''.

(f) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In this section, the term ''appropriate congressional committees'' means—

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

(2) the Committee on Ways and Means, the Committee on Oversight and Government Reform, and the Committee on Homeland Security of the House of Representatives.

SEC. 2404. INTERNATIONAL POSTAL AGREEMENTS.

(a) EXISTING AGREEMENTS.—

(1) IN GENERAL.—In the event that any provision of this subtitle, or any amendment made by this subtitle, is determined to be in violation of obligations of the United States under any postal treaty, convention, or other international agreement related to international postal services, or any amendment to such an agreement, the Secretary of State should negotiate to amend the relevant provisions of the agreement so that the United States is no longer in violation of the agreement.

(2) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to permit delay in the implementation of this subtitle or any amendment made by this subtitle.

(b) FUTURE AGREEMENTS.—

(1) CONSULTATIONS.—Before entering into, on or after the date of the enactment of this Act, any postal treaty, convention, or other international agreement related to international postal services, or any amendment to such an agreement, that is related to the ability of the United States to secure the provision of advance electronic information by foreign postal operators, the Secretary of State should consult with the appropriate congressional committees (as defined in section 2403(f)).

(2) EXPEDITED NEGOTIATION OF NEW AGREEMENT.—To the extent that any new postal treaty, convention, or other international agreement related to international postal services would improve the ability of the United States to secure the provision of advance electronic information by foreign postal operators as required by regulations prescribed under section 343(a)(3)(K) of the Trade Act of 2002, as amended by section 2403(a)(1), the Secretary of State should expeditiously conclude such an agreement.

SEC. 2405. COST RECOUPMENT.

(a) IN GENERAL.—The United States Postal Service shall, to the extent practicable and otherwise recoverable by law, ensure that all costs associated with complying with this subtitle and amendments made by this subtitle are charged directly to foreign shippers or foreign postal operators.

(b) COSTS NOT CONSIDERED REVENUE.—The recovery of costs under subsection (a) shall not be deemed revenue for purposes of subchapter I and II of chapter 36 of title 39, United States Code, or regulations prescribed under that chapter.

SEC. 2406. DEVELOPMENT OF TECHNOLOGY TO DETECT ILLICIT NARCOTICS.

(a) IN GENERAL.—The Postmaster General and the Commissioner of U.S. Customs and Border Protection, in coordination with the heads of other agencies as appropriate, shall collaborate to identify and develop technology for the detection of illicit fentanyl, other synthetic opioids, and other narcotics and psychoactive substances entering the United States by mail.

(b) OUTREACH TO PRIVATE SECTOR.—The Postmaster General and the Commissioner shall conduct outreach to private sector entities to gather information regarding the current state of technology to identify areas for innovation relating to the detection of illicit fentanyl, other synthetic opioids, and other narcotics and psychoactive substances entering the United States.

SEC. 2407. CIVIL PENALTIES FOR POSTAL SHIPMENTS.

Section 436 of the Tariff Act of 1930 (19 U.S.C. 1436) is amended by adding at the end the following new subsection:

''(e) CIVIL PENALTIES FOR POSTAL SHIPMENTS.—

''(1) CIVIL PENALTY.—A civil penalty shall be imposed against the United States Postal Service if the Postal Service accepts a shipment in violation of section 343(a)(3)(K)(vii)(I) of the Trade Act of 2002.

''(2) MODIFICATION OF CIVIL PENALTY.—

''(A) IN GENERAL.—U.S. Customs and Border Protection shall reduce or dismiss a civil penalty imposed pursuant to paragraph (1) if U.S. Customs and Border Protection determines that the United States Postal Service—

''(i) has a low error rate in compliance with section 343(a)(3)(K) of the Trade Act of 2002;

''(ii) is cooperating with U.S. Customs and Border Protection with respect to the violation of section 343(a)(3)(K)(vii)(I) of the Trade Act of 2002; or

''(iii) has taken remedial action to prevent future violations of section 343(a)(3)(K)(vii)(I) of the Trade Act of 2002.

''(B) WRITTEN NOTIFICATION.—U.S. Customs and Border Protection shall issue a written notification to the Postal Service with respect to each exercise of the authority of subparagraph (A) to reduce or dismiss a civil penalty imposed pursuant to paragraph (1).

''(3) ONGOING LACK OF COMPLIANCE.—If U.S. Customs and Border Protection determines that the United States Postal Service—

''(A) has repeatedly committed violations of section 343(a)(3)(K)(vii)(I) of the Trade Act of 2002,

''(B) has failed to cooperate with U.S. Customs and Border Protection with respect to violations of section 343(a)(3)(K)(vii)(I) of the Trade Act of 2002, and

''(C) has an increasing error rate in compliance with section 343(a)(3)(K) of the Trade Act of 2002,

civil penalties may be imposed against the United States Postal Service until corrective action, satisfactory to U.S. Customs and Border Protection, is taken.''.

SEC. 2408. REPORT ON VIOLATIONS OF ARRIVAL, REPORTING, ENTRY, AND CLEARANCE REQUIREMENTS AND FALSITY OR LACK OF MANIFEST.

(a) IN GENERAL.—The Commissioner of U.S. Customs and Border Protection shall submit to the appropriate congressional committees an annual report that contains the information described in subsection (b) with respect to each violation of section 436 of the Tariff Act of 1930 (19 U.S.C. 1436), as amended by section 7, and section 584 of such Act (19 U.S.C. 1584) that occurred during the previous year.

(b) INFORMATION DESCRIBED.—The information described in this subsection is the following:

(1) The name and address of the violator.

(2) The specific violation that was committed.

(3) The location or port of entry through which the items were transported.

(4) An inventory of the items seized, including a description of the items and the quantity seized.

(5) The location from which the items originated.

(6) The entity responsible for the apprehension or seizure, organized by location or port of entry.

(7) The amount of penalties assessed by U.S. Customs and Border Protection, organized by name of the violator and location or port of entry.

(8) The amount of penalties that U.S. Customs and Border Protection could have levied, organized by name of the violator and location or port of entry.

(9) The rationale for negotiating lower penalties, organized by name of the violator and location or port of entry.

(c) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In this section, the term ''appropriate congressional committees'' means—

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

(2) the Committee on Ways and Means, the Committee on Oversight and Government Reform, and the Committee on Homeland Security of the House of Representatives.

SEC. 2409. EFFECTIVE DATE; REGULATIONS.

(a) EFFECTIVE DATE.—This subtitle and the amendments made by this subtitle (other than the amendments made by section 2402) shall take effect on the date of the enactment of this Act.

(b) REGULATIONS.—Not later than one year after the date of the enactment of this Act, such regulations as are necessary to carry out this subtitle and the amendments made by this subtitle shall be prescribed.

TITLE III—JUDICIARY

Subtitle A—Access to Increased Drug Disposal

SEC. 3101. SHORT TITLE.

This subtitle may be cited as the ''Access to Increased Drug Disposal Act of 2018''.

SEC. 3102. DEFINITIONS.

In this subtitle—

(1) the term ''Attorney General'' means the Attorney General, acting through the Assistant Attorney General for the Office of Justice Programs;

(2) the term ''authorized collector'' means a narcotic treatment program, a hospital or

clinic with an on-site pharmacy, a retail pharmacy, or a reverse distributor, that is authorized as a collector under section 1317.40 of title 21, Code of Federal Regulations (or any successor regulation);

(3) the term ''covered grant'' means a grant awarded under section 3003; and

(4) the term ''eligible collector'' means a person who is eligible to be an authorized collector.

SEC. 3103. AUTHORITY TO MAKE GRANTS.

The Attorney General shall award grants to States to enable the States to increase the participation of eligible collectors as authorized collectors.

SEC. 3104. APPLICATION.

A State desiring a covered grant shall submit to the Attorney General an application that, at a minimum—

(1) identifies the single State agency that oversees pharmaceutical care and will be responsible for complying with the requirements of the grant;

(2) details a plan to increase participation rates of eligible collectors as authorized collectors; and

(3) describes how the State will select eligible collectors to be served under the grant.

SEC. 3105. USE OF GRANT FUNDS.

A State that receives a covered grant, and any subrecipient of the grant, may use the grant amounts only for the costs of installation, maintenance, training, purchasing, and disposal of controlled substances associated with the participation of eligible collectors as authorized collectors.

SEC. 3106. ELIGIBILITY FOR GRANT.

The Attorney General shall award a covered grant to 5 States, not less than 3 of which shall be States in the lowest quartile of States based on the participation rate of eligible collectors as authorized collectors, as determined by the Attorney General.

SEC. 3107. DURATION OF GRANTS.

The Attorney General shall determine the period of years for which a covered grant is made to a State.

SEC. 3108. ACCOUNTABILITY AND OVERSIGHT.

A State that receives a covered grant shall submit to the Attorney General a report, at such time and in such manner as the Attorney General may reasonably require, that—

(1) lists the ultimate recipients of the grant amounts;

(2) describes the activities undertaken by the State using the grant amounts; and

(3) contains performance measures relating to the effectiveness of the grant, including changes in the participation rate of eligible collectors as authorized collectors.

SEC. 3109. DURATION OF PROGRAM.

The Attorney General may award covered grants for each of the first 5 fiscal years beginning after the date of enactment of this Act.

SEC. 3110. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to the Attorney General such sums as may be necessary to carry out this subtitle.

Subtitle B—Using Data To Prevent Opioid Diversion

SEC. 3201. SHORT TITLE.

This subtitle may be cited as the ''Using Data to Prevent Opioid Diversion Act of 2018''.

SEC. 3202. PURPOSE.

(a) IN GENERAL.—The purpose of this subtitle is to provide drug manufacturers and distributors with access to anonymized information through the Automated Reports and Consolidated Orders System to help drug manufacturers and distributors identify, report, and stop suspicious orders of opioids and reduce diversion rates.

(b) RULE OF CONSTRUCTION.—Nothing in this subtitle should be construed to absolve a drug manufacturer, drug distributor, or other Drug Enforcement Administration registrant from the responsibility of the manufacturer, distributor, or other registrant to—

(1) identify, stop, and report suspicious orders; or

(2) maintain effective controls against diversion in accordance with section 303 of the Controlled Substances Act (21 U.S.C. 823) or any successor law or associated regulation.

SEC. 3203. AMENDMENTS.

(a) RECORDS AND REPORTS OF REGISTRANTS.—Section 307 of the Controlled Substances Act (21 U.S.C. 827) is amended—

(1) by redesignating subsections (f), (g), and (h) as subsections (g), (h), and (i), respectively;

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

''(f)(1) The Attorney General shall, not less frequently than quarterly, make the following information available to manufacturer and distributor registrants through the Automated Reports and Consolidated Orders System, or any subsequent automated system developed by the Drug Enforcement Administration to monitor selected controlled substances:

''(A) The total number of distributor registrants that distribute controlled substances to a pharmacy or practitioner registrant, aggregated by the name and address of each pharmacy and practitioner registrant.

''(B) The total quantity and type of opioids distributed, listed by Administration Controlled Substances Code Number, to each pharmacy and practitioner registrant described in subparagraph (A).

''(2) The information required to be made available under paragraph (1) shall be made available not later than the 15th day of the first month following the quarter to which the information relates.

''(3)(A) All registered manufacturers and distributors shall be responsible for reviewing the information made available by the Attorney General under this subsection.

''(B) In determining whether to initiate proceedings under this title against a registered manufacturer or distributor based on the failure of the registrant to maintain effective controls against diversion or otherwise comply with the requirements of this title or the regulations issued thereunder, the Attorney General may take into account that the information made available under this subsection was available to the registrant.''; and

(3) by inserting after subsection (i), as so redesignated, the following:

''(j) All of the reports required under this section shall be provided in an electronic format.''.

(b) COOPERATIVE ARRANGEMENTS.—Section 503 of the Controlled Substances Act (21 U.S.C. 873) is amended—

(1) by striking subsection (c) and inserting the following:

''(c)(1) The Attorney General shall, once every 6 months, prepare and make available to regulatory, licensing, attorneys general, and law enforcement agencies of States a standardized report containing descriptive and analytic information on the actual distribution patterns, as gathered through the Automated Reports and Consolidated Orders System, or any subsequent automated system, pursuant to section 307 and which includes detailed amounts, outliers, and trends of distributor and pharmacy registrants, in such States for the controlled substances contained in schedule II, which, in the discretion of the Attorney General, are determined to have the highest abuse.

''(2) If the Attorney General publishes the report described in paragraph (1) once every 6 months as required under paragraph (1), nothing in this subsection shall be construed to bring an action in any court to challenge the sufficiency of the information or to compel the Attorney General to produce any documents or reports referred to in this subsection.''.

(c) CIVIL AND CRIMINAL PENALTIES.—Section 402 of the Controlled Substances Act (21 U.S.C. 842) is amended—

(1) in subsection (a)—

(A) in paragraph (15), by striking ''or'' at the end;

(B) in paragraph (16), by striking the period at the end and inserting ''; or''; and

(C) by inserting after paragraph (16) the following:

''(17) in the case of a registered manufacturer or distributor of opioids, to fail to review the most recent information, directly related to the customers of the manufacturer or distributor, made available by the Attorney General in accordance with section 307(f).''; and

(2) in subsection (c)—

(A) in paragraph (1), by striking subparagraph (B) and inserting the following:

''(B)(i) Except as provided in clause (ii), in the case of a violation of paragraph (5), (10), or (17) of subsection (a), the penalty shall not exceed $10,000.

''(ii) In the case of a violation described in clause (i) committed by a registered manufacturer or distributor of opioids and related to the reporting of suspicious orders for opioids, failing to maintain effective controls against diversion of opioids, or failing to review the most recent information made available by the Attorney General in accordance with section 307(f), the penalty shall not exceed $100,000.''; and

(B) in paragraph (2)—

(i) in subparagraph (A), by inserting ''or (D)'' after ''subparagraph (B)''; and

(ii) by adding at the end the following:

''(D) In the case of a violation described in subparagraph (A) that was a violation of paragraph (5), (10), or (17) of subsection (a) committed by a registered manufacturer or distributor of opioids that relates to the reporting of suspicious orders for opioids, failing to maintain effective controls against diversion of opioids, or failing to review the most recent information made available by the Attorney General in accordance with section 307(f), the criminal fine under title 18, United States Code, shall not exceed $500,000.''.

SEC. 3204. REPORT.

Not later than 1 year after the date of enactment of this Act, the Attorney General shall submit to Congress a report that provides information about how the Attorney General is using data in the Automation of Reports and Consolidated Orders System to identify and stop suspicious activity, including whether the Attorney General is looking at aggregate orders from individual pharmacies to multiple distributors that in total are suspicious, even if no individual order rises to the level of a suspicious order to a given distributor.

Subtitle C—Substance Abuse Prevention

SEC. 3301. SHORT TITLE.

This subtitle may be cited as the ''Substance Abuse Prevention Act of 2018''.

SEC. 3302. REAUTHORIZATION OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY.

(a) OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 1998.—

(1) IN GENERAL.—The Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1701 et seq.), as in effect on September 29, 2003, and as amended by the laws described in paragraph (2), is revived and restored.

(2) LAWS DESCRIBED.—The laws described in this paragraph are:

(A) The Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109–469; 120 Stat. 3502).

(B) The Presidential Appointment Efficiency and Streamlining Act of 2011 (Public Law 112–166; 126 Stat. 1283).

(b) REAUTHORIZATION.—Section 715(a) of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1712(a)) is amended by striking ''2010'' and inserting ''2022''.

SEC. 3303. REAUTHORIZATION OF THE DRUG-FREE COMMUNITIES PROGRAM.

Section 1024 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1524(a)) is amended by striking subsections (a) and (b) and inserting the following:

''(a) IN GENERAL.—There is authorized to be appropriated to the Office of National Drug Control Policy to carry out this chapter $99,000,000 for each of fiscal years 2018 through 2022.

''(b) ADMINISTRATIVE COSTS.—Not more than 8 percent of the funds appropriated to carry out this chapter may be used by the Office of National Drug Control Policy to pay administrative costs associated with the responsibilities of the Office under this chapter.''.

SEC. 3304. REAUTHORIZATION OF THE NATIONAL COMMUNITY ANTI-DRUG COALITION INSTITUTE.

Section 4(c)(4) of Public Law 107–82 (21 U.S.C. 1521 note) is amended by striking ''2008 through 2012'' and inserting ''2018 through 2022''.

SEC. 3305. REAUTHORIZATION OF THE HIGH-INTENSITY DRUG TRAFFICKING AREA PROGRAM.

Section 707(p) of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706(p)) is amended—

(1) in paragraph (4), by striking ''and'' at the end;

(2) in paragraph (5), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(6) $280,000,000 for each of fiscal years 2018 through 2022.''.

SEC. 3306. REAUTHORIZATION OF DRUG COURT PROGRAM.

Section 1001(a)(25)(A) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10261(a)(25)(A)) is amended by striking ''Except as provided'' and all that follows and inserting the following: ''Except as provided in subparagraph (C), there is authorized to be appropriated to carry out part EE $75,000,000 for each of fiscal years 2018 through 2022.''.

SEC. 3307. DRUG COURT TRAINING AND TECHNICAL ASSISTANCE.

Section 705 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1704) is amended by adding at the end the following—

''(e) DRUG COURT TRAINING AND TECHNICAL ASSISTANCE PROGRAM.—Using funds appropriated to carry out this title, the Director may make grants to nonprofit organizations for the purpose of providing training and technical assistance to drug courts.''.

SEC. 3308. DRUG OVERDOSE RESPONSE STRATEGY.

Section 707 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706) is amended by adding at the end the following:

''(r) DRUG OVERDOSE RESPONSE STRATEGY IMPLEMENTATION.—The Director may use funds appropriated to carry out this section to implement a drug overdose response strategy in high intensity drug trafficking areas on a nationwide basis by—

''(1) coordinating multi-disciplinary efforts to prevent, reduce, and respond to drug overdoses, including the uniform reporting of fatal and non-fatal overdoses to public health and safety officials;

''(2) increasing data sharing among public safety and public health officials concerning drug-related abuse trends, including new psychoactive substances, and related crime; and

''(3) enabling collaborative deployment of prevention, intervention, and enforcement resources to address substance use addiction and narcotics trafficking.''.

SEC. 3309. PROTECTING LAW ENFORCEMENT OFFICERS FROM ACCIDENTAL EXPOSURE.

Section 707 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1706), as amended by section 3308, is amended by adding at the end the following:

''(s) SUPPLEMENTAL GRANTS.—The Director is authorized to use not more than $10,000,000 of the amounts otherwise appropriated to carry out this section to provide supplemental competitive grants to high intensity drug trafficking areas that have experienced high seizures of fentanyl and new psychoactive substances for the purposes of—

''(1) purchasing portable equipment to test for fentanyl and other substances;

''(2) training law enforcement officers and other first responders on best practices for handling fentanyl and other substances; and

''(3) purchasing protective equipment, including overdose reversal drugs.''.

SEC. 3310. COPS ANTI-METH PROGRAM.

Section 1701 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10381) is amended—

(1) by redesignating subsection (k) as subsection (l); and

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

''(k) COPS ANTI-METH PROGRAM.—The Attorney General shall use amounts otherwise appropriated to carry out this section to make competitive grants, in amounts of not less than $1,000,000 for a fiscal year, to State law enforcement agencies with high seizures of precursor chemicals, finished methamphetamine, laboratories, and laboratory dump seizures for the purpose of locating or investigating illicit activities, such as precursor diversion, laboratories, or methamphetamine traffickers.''.

SEC. 3311. COPS ANTI-HEROIN TASK FORCE PROGRAM.

Section 1701 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10381) is amended—

(1) by redesignating subsection (l), as so redesignated by section 3310, as subsection (m); and

(2) by inserting after subsection (k), as added by section 3310, the following:

''(l) COPS ANTI-HEROIN TASK FORCE PROGRAM.—The Attorney General shall use amounts otherwise appropriated to carry out this section, or other amounts as appropriated, to make competitive grants to State law enforcement agencies in States with high per capita rates of primary treatment admissions, for the purpose of locating or investigating illicit activities, through Statewide collaboration, relating to the distribution of heroin, fentanyl, or carfentanil or relating to the unlawful distribution of prescription opioids.''.

SEC. 3312. COMPREHENSIVE ADDICTION AND RECOVERY ACT EDUCATION AND AWARENESS.

Title VII of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114–198; 130 Stat. 735) is amended by adding at the end the following:

''SEC. 709. SERVICES FOR FAMILIES AND PATIENTS IN CRISIS.

''(a) IN GENERAL.—The Attorney General may make grants to entities that focus on addiction and substance use disorders and specialize in family and patient services, advocacy for patients and families, and educational information.

''(b) ALLOWABLE USES.—A grant awarded under this section may be used for private, nonprofit national organizations that engage in all of the following activities:

''(1) Expansion of phone line or call center services with professional, clinical staff that provide, for families and individuals impacted by a substance use disorder, support, access to treatment resources, brief assessments, medication and overdose prevention education, compassionate listening services, recovery support or peer specialists, bereavement and grief support, and case management.

''(2) Continued development of health information technology systems that leverage new and upcoming technology and techniques for prevention, intervention, and filling resource gaps in communities that are underserved.

''(3) Enhancement and operation of treatment and recovery resources, easy-to-read scientific and evidence-based education on addiction and substance use disorders, and other informational tools for families and individuals impacted by a substance use disorder and community stakeholders, such as law enforcement agencies.

''(4) Provision of training and technical assistance to State and local governments, law enforcement agencies, health care systems, research institutions, and other stakeholders.

''(5) Expanding upon and implementing educational information using evidence-based information on substance use disorders.

''(6) Expansion of training of community stakeholders, law enforcement officers, and families across a broad-range of addiction, health, and related topics on substance use disorders, local issues and community-specific issues related to the drug epidemic.

''(7) Program evaluation.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2018 through 2022, the Attorney General is authorized to award not more than $10,000,000 of amounts otherwise appropriated to the Attorney General for comprehensive opioid abuse reduction activities for purposes of carrying out this section.''.

SEC. 3313. PROTECTING CHILDREN WITH ADDICTED PARENTS.

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

''SEC. 550. PROTECTING CHILDREN WITH ADDICTED PARENTS.

''(a) BEST PRACTICES.—The Secretary, acting through the Assistant Secretary and in cooperation with the Commissioner of the Administration on Children, Youth and Families, shall collect and disseminate best practices for States regarding interventions and strategies to keep families affected by a substance use disorder together, when it can be done safely. Such best practices shall—

''(1) utilize comprehensive family-centered approaches;

''(2) ensure that families have access to drug screening, substance use disorder treatment, medication-assisted treatment approved by the Food and Drug Administration, and parental support; and

''(3) build upon lessons learned from—

''(A) programs such as the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act; and

''(B) identifying substance abuse prevention and treatment services that meet the requirements for promising, supported, or

well-supported practices specified in section 471(e)(4)(C) of the Social Security Act (as such section shall be in effect beginning on October 1, 2018).

''(b) GRANT PROGRAM.—The Secretary shall award grants to States, units of local government, and tribal governments to—

''(1) develop programs and models designed to keep pregnant and post-partum women who have a substance use disorder together with their newborns, including programs and models that provide for screenings of pregnant and post-partum women for substance use disorders, treatment interventions, supportive housing, nonpharmacological interventions for children born with neonatal abstinence syndrome, medication assisted treatment, and other recovery supports; and

''(2) support the attendance of children who have a family member living with a substance use disorder at therapeutic camps or other therapeutic programs aimed at addiction prevention education and delaying the onset of first use, providing trusted mentors and education on coping strategies that these children can use in their daily lives, and family support initiatives aimed at keeping these families together.''.

SEC. 3314. REIMBURSEMENT OF SUBSTANCE USE DISORDER TREATMENT PROFESSIONALS.

Not later than January 1, 2020, the Comptroller General of the United States shall submit to Congress a report examining how substance use disorder services are reimbursed.

SEC. 3315. SOBRIETY TREATMENT AND RECOVERY TEAMS (START).

Title V of the Public Health Service Act (42 U.S.C. 290dd et seq.), as amended by section 3313, is further amended by adding at the end the following:

''SEC. 551. SOBRIETY TREATMENT AND RECOVERY TEAMS.

''(a) IN GENERAL.—The Secretary may make grants to States, units of local government, or tribal governments to establish or expand Sobriety Treatment And Recovery Team (referred to in this section as 'START') or other similar programs to determine the effectiveness of pairing social workers or mentors with families that are struggling with a substance use disorder and child abuse or neglect in order to help provide peer support, intensive treatment, and child welfare services to such families.

''(b) ALLOWABLE USES.—A grant awarded under this section may be used for one or more of the following activities:

''(1) Training eligible staff, including social workers, social services coordinators, child welfare specialists, substance use disorder treatment professionals, and mentors.

''(2) Expanding access to substance use disorder treatment services and drug testing.

''(3) Enhancing data sharing with law enforcement agencies, child welfare agencies, substance use disorder treatment providers, judges, and court personnel.

''(4) Program evaluation and technical assistance.

''(c) PROGRAM REQUIREMENTS.—A State, unit of local government, or tribal government receiving a grant under this section shall—

''(1) serve only families for which—

''(A) there is an open record with the child welfare agency; and

''(B) substance use disorder was a reason for the record or finding described in paragraph (1); and

''(2) coordinate any grants awarded under this section with any grant awarded under section 437(f) of the Social Security Act focused on improving outcomes for children affected by substance abuse.

''(d) TECHNICAL ASSISTANCE.—The Secretary may reserve not more than 5 percent of funds provided under this section to provide technical assistance on the establishment or expansion of programs funded under this section from the National Center on Substance Abuse and Child Welfare.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2018 through 2022, the Secretary is authorized to award not more than $10,000,000 of amounts otherwise appropriated to the Secretary for comprehensive opioid abuse reduction activities for purposes of carrying out this section.''.

SEC. 3316. PROVIDER EDUCATION.

Not later than 60 days after the date of enactment of this Act, the Attorney General, in consultation with the Secretary of Health and Human Services, shall complete the plan related to medical registration coordination required by Senate Report 114–239, which accompanied the Veterans Care Financial Protection Act of 2017 (Public Law 115–131; 132 Stat. 334).

SEC. 3317. DEMAND REDUCTION.

Section 702(1) of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1701(1)) is amended—

(1) by redesignating subparagraphs (F) through (J) as subparagraphs (G) through (K), respectively; and

(2) by inserting after subparagraph (E) the following:

''(F) support for long-term recovery from substance use disorders;''.

SEC. 3318. ANTI-DRUG MEDIA CAMPAIGN.

Section 709 of the Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1708) is amended—

(1) in the section heading, by striking ''**YOUTH**'';

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking ''youth'';

(B) in paragraph (1), by striking ''young'';

(C) in paragraph (2), by striking ''of adults of the impact of drug abuse on young people'' and inserting ''among the population about the impact of drug abuse''; and

(D) in paragraph (3), by striking ''parents and other interested adults to discuss with young people'' and inserting ''interested persons to discuss''; and

(3) in subsection (b)(2)(C)(ii), by striking ''among youth''.

SEC. 3319. TECHNICAL CORRECTIONS TO THE OFFICE OF NATIONAL DRUG CONTROL POLICY REAUTHORIZATION ACT OF 1998.

The Office of National Drug Control Policy Reauthorization Act of 1998 (21 U.S.C. 1701 et seq.) is amended—

(1) in section 703(b)(3)(E) (21 U.S.C. 1702(b)(3)(E))—

(A) in clause (i), by adding ''and'' at the end;

(B) in clause (ii), by striking ''; and'' and inserting a period; and

(C) by striking clause (iii);

(2) in section 704 (21 U.S.C. 1703)—

(A) in subsection (c)(3)(C)—

(i) in clause (v), by adding ''and'' at the end;

(ii) in clause (vi), by striking ''; and'' and inserting a period; and

(iii) by striking clause (vii); and

(B) in subsection (f)—

(i) by striking the first paragraph (5); and

(ii) by striking the second paragraph (4);

(3) in section 706(a)(2)(A) (21 U.S.C. 1705(a)(2)(A))—

(A) by striking clause (ix); and

(B) by redesignating clauses (x) through (xiv) as clauses (ix) through (xiii), respectively; and

(4) by striking section 708 (21 U.S.C. 1707).

Subtitle D—Synthetic Abuse and Labeling of Toxic Substances

SEC. 3401. SHORT TITLE.

This subtitle may be cited as the ''Synthetic Abuse and Labeling of Toxic Substances Act of 2017'' or the ''SALTS Act''.

SEC. 3402. CONTROLLED SUBSTANCE ANALOGUES.

Section 203 of the Controlled Substances Act (21 U.S.C. 813) is amended—

(1) by striking ''A controlled'' and inserting ''(a) IN GENERAL.—A controlled''; and

(2) by adding at the end the following:

''(b) DETERMINATION.—In determining whether a controlled substance analogue was intended for human consumption under subsection (a), evidence related to the following factors may be considered, along with all other relevant evidence:

''(1) The marketing, advertising, and labeling of the substance.

''(2) The known efficacy or usefulness of the substance for the marketed, advertised, or labeled purpose.

''(3) The difference between the price at which the substance is sold and the price at which the substance it is purported to be or advertised as is normally sold.

''(4) The diversion of the substance from legitimate channels and the clandestine importation, manufacture, or distribution of the substance.

''(5) Whether the defendant knew or should have known the substance was intended to be consumed by injection, inhalation, ingestion, or any other immediate means.

''(c) LIMITATION.—For purposes of this section, the existence of evidence that a substance was not marketed, advertised, or labeled for human consumption shall not preclude the Government from establishing, based on all the evidence, that the substance was intended for human consumption.''.

Subtitle E—Opioid Quota Reform

SEC. 3501. SHORT TITLE.

This subtitle may be cited as the ''Opioid Quota Reform Act''.

SEC. 3502. STRENGTHENING CONSIDERATIONS FOR DEA OPIOID QUOTAS.

(a) IN GENERAL.—Section 306 of the Controlled Substances Act (21 U.S.C. 826) is amended—

(1) in subsection (a)—

(A) by inserting ''(1)'' after ''(a)'';

(B) in the second sentence, by striking ''Production'' and inserting ''Except as provided in paragraph (2), production''; and

(C) by adding at the end the following:

''(2) The Attorney General may, if the Attorney General determines it will assist in avoiding the overproduction, shortages, or diversion of a controlled substance, establish an aggregate or individual production quota under this subsection, or a procurement quota established by the Attorney General by regulation, in terms of pharmaceutical dosage forms prepared from or containing the controlled substance.'';

(2) in subsection (b), in the first sentence, by striking ''production'' and inserting ''manufacturing'';

(3) in subsection (c), by striking ''October'' and inserting ''December''; and

(4) by adding at the end the following:

''(i)(1)(A) In establishing any quota under this section, or any procurement quota established by the Attorney General by regulation, for fentanyl, oxycodone, hydrocodone, oxymorphone, or hydromorphone (in this subsection referred to as a 'covered controlled substance'), the Attorney General shall estimate the amount of diversion of the covered controlled substance that occurs in the United States.

''(B) In estimating diversion under this paragraph, the Attorney General—

''(i) shall consider information the Attorney General, in consultation with the Secretary of Health and Human Services, determines reliable on rates of overdose deaths and abuse and overall public health impact related to the covered controlled substance in the United States; and

''(ii) may take into consideration whatever other sources of information the Attorney General determines reliable.

''(C) After estimating the amount of diversion of a covered controlled substance, the Attorney General shall make appropriate quota reductions, as determined by the Attorney General, from the quota the Attorney General would have otherwise established had such diversion not been considered.

''(2)(A) For any year for which the approved aggregate production quota for a covered controlled substance is higher than the approved aggregate production quota for the covered controlled substance for the previous year, the Attorney General shall include in the final order an explanation of why the public health benefits of increasing the quota clearly outweigh the consequences of having an increased volume of the covered controlled substance available for sale, and potential diversion, in the United States.

''(B) Not later than 1 year after the date of enactment of this subsection, and every year thereafter, the Attorney General shall submit to the Caucus on International Narcotics Control, the Committee on the Judiciary, the Committee on Health, Education, Labor, and Pensions, and the Committee on Appropriations of the Senate and the Committee on the Judiciary, the Committee on Energy and Commerce, and the Committee on Appropriations of the House of Representatives the following information with regard to each covered controlled substance:

''(i) An anonymized count of the total number of manufacturers issued individual manufacturing quotas that year for the covered controlled substance.

''(ii) An anonymized count of how many such manufacturers were issued an approved manufacturing quota that was higher than the quota issued to that manufacturer for the covered controlled substance in the previous year.

''(3) Not later than 1 year after the date of enactment of this subsection, the Attorney General shall submit to Congress a report on how the Attorney General, when fixing and adjusting production and manufacturing quotas under this section for covered controlled substances, will—

''(A) take into consideration changes in the accepted medical use of the covered controlled substances; and

''(B) work with the Secretary of Health and Human Services on methods to appropriately and anonymously estimate the type and amount of covered controlled substances that are submitted for collection from approved drug collection receptacles, mail-back programs, and take-back events.''.

(b) CONFORMING CHANGE.—The Law Revision Counsel is directed to amend the heading for subsection (b) of section 826 of title 21, United States Code, by striking ''PRODUCTION'' and inserting ''MANUFACTURING''.

Subtitle F—Preventing Drug Diversion

SEC. 3601. SHORT TITLE.

This subtitle may be cited as the ''Preventing Drug Diversion Act of 2018''.

SEC. 3602. IMPROVEMENTS TO PREVENT DRUG DIVERSION.

(a) DEFINITION.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended by adding at the end the following:

''(57) The term 'suspicious order' includes—

''(A) an order of a controlled substance of unusual size;

''(B) an order of a controlled substance deviating substantially from a normal pattern;

''(C) orders of controlled substances of unusual frequency; and

''(D) an order having any characteristic that would indicate to a reasonable registrant that it is suspicious or not legitimate.''.

(b) SUSPICIOUS ORDERS.—Part C of the Controlled Substances Act (21 U.S.C. 821 et seq.) is amended by adding at the end the following:

''SEC. 312. SUSPICIOUS ORDERS.

''(a) REPORTING.—Each registrant shall—

''(1) design and operate a system to identify suspicious orders for the registrant;

''(2) ensure that the system designed and operated under paragraph (1) by the registrant complies with applicable Federal and State privacy laws; and

''(3) upon discovering a suspicious order or series of orders, notify the Administrator of the Drug Enforcement Administration and the Special Agent in Charge of the Division Office of the Drug Enforcement Administration for the area in which the registrant is located or conducts business.

''(b) SUSPICIOUS ORDER DATABASE.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Attorney General shall establish a centralized database for collecting reports of suspicious orders.

''(2) SATISFACTION OF REPORTING REQUIREMENTS.—If a registrant reports a suspicious order to the centralized database established under paragraph (1), the registrant shall be considered to have complied with the requirement under subsection (a)(3) to notify the Administrator of the Drug Enforcement Administration and the Special Agent in Charge of the Division Office of the Drug Enforcement Administration for the area in which the registrant is located or conducts business.

''(c) SHARING INFORMATION WITH THE STATES.—

''(1) IN GENERAL.—The Attorney General shall prepare and make available information regarding suspicious orders in a State, including information in the database established under subsection (b)(1), to the point of contact for purposes of administrative, civil, and criminal oversight relating to the diversion of controlled substances for the State, as designated by the Governor or chief executive officer of the State.

''(2) TIMING.—The Attorney General shall provide information in accordance with paragraph (1) within a reasonable period of time after obtaining the information.

''(3) COORDINATION.—In establishing the process for the provision of information under this subsection, the Attorney General shall coordinate with States to ensure that the Attorney General has access to information, as permitted under State law, possessed by the States relating to prescriptions for controlled substances that will assist in enforcing Federal law.''.

(c) REPORTS TO CONGRESS.—

(1) DEFINITION.—In this subsection, the term ''suspicious order'' has the meaning given that term in section 102 of the Controlled Substances Act, as amended by this subtitle.

(2) ONE TIME REPORT.—Not later than 1 year after the date of enactment of this Act, the Attorney General shall submit to Congress a report on the reporting of suspicious orders, which shall include—

(A) a description of the centralized database established under section 312 of the Controlled Substances Act, as added by this section, to collect reports of suspicious orders;

(B) a description of the system and reports established under section 312 of the Controlled Substances Act, as added by this section, to share information with States;

(C) information regarding how the Attorney General used reports of suspicious orders before the date of enactment of this Act and after the date of enactment of this Act, including how the Attorney General received the reports and what actions were taken in response to the reports; and

(D) descriptions of the data analyses conducted on reports of suspicious orders to identify, analyze, and stop suspicious activity.

(3) ADDITIONAL REPORTS.—Not later than 1 year after the date of enactment of this Act, and annually thereafter until the date that is 5 years after the date of enactment of this Act, the Attorney General shall submit to Congress a report providing, for the previous year—

(A) the number of reports of suspicious orders;

(B) a summary of actions taken in response to reports, in the aggregate, of suspicious orders; and

(C) a description of the information shared with States based on reports of suspicious orders.

(4) ONE TIME GAO REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States, in consultation with the Administrator of the Drug Enforcement Administration, shall submit to Congress a report on the reporting of suspicious orders, which shall include an evaluation of the utility of real-time reporting of potential suspicious orders of opioids on a national level using computerized algorithms, including the extent to which such algorithms—

(A) would help ensure that potentially suspicious orders are more accurately captured, identified, and reported in real-time to suppliers before orders are filled;

(B) may produce false positives of suspicious order reports that could result in market disruptions for legitimate orders of opioids; and

(C) would reduce the overall length of an investigation that prevents the diversion of suspicious orders of opioids.

Subtitle G—Sense of Congress

SEC. 3701. SENSE OF CONGRESS.

It is the sense of Congress that:

(1) Americans with substance use disorders often seek treatment through recovery homes and clinical treatment facilities that offer detoxification, risk reduction, outpatient treatment, residential treatment, or rehabilitation for substance use. Most of those facilities provide a critical function in addressing substance misuse and abuse, particularly as the incidence and prevalence of substance use disorders, and drug overdose numbers continue to rise.

(2) Despite the necessity of such treatment facilities and the important services most provide, there are some bad actors in the industry who, through telemarketing and other schemes, actively recruit patients with private insurance so that programs can bill the insurers without providing the necessary treatment services. Often these ''patient brokers'' are paid for each patient successfully recruited. Payments are also made as a percentage of billings, which incentivizes brokers to recommend patients even at low risk levels to the most aggressive and most expensive treatment programs.

(3) Unless the patient is enrolled in a Federal health care program, a gap in Federal law exists with respect to patient brokers who are improperly recruiting unsuspecting patients to defraud insurance companies.

(4) It is important that Congress provide a mechanism to penalize these bad actors, while minding legitimate entities who continue to help patients find reputable treatment programs.

TITLE IV—COMMERCE

Subtitle A—Fighting Opioid Abuse in Transportation

SEC. 4101. SHORT TITLE.

This subtitle may be cited as the ''Fighting Opioid Abuse in Transportation Act''.

SEC. 4102. RAIL MECHANICAL EMPLOYEE CONTROLLED SUBSTANCES AND ALCOHOL TESTING.

(a) RAIL MECHANICAL EMPLOYEES.—Not later than 2 years after the date of enactment of this Act, the Secretary of Transportation shall publish a final rule in the Federal Register revising the regulations promulgated under section 20140 of title 49, United States Code, to designate a rail mechanical employee as a railroad employee responsible for safety-sensitive functions for purposes of that section.

(b) DEFINITION OF RAIL MECHANICAL EMPLOYEE.—The Secretary shall define the term ''rail mechanical employee'' by regulation under subsection (a).

(c) SAVINGS CLAUSE.—Nothing in this section may be construed as limiting or otherwise affecting the discretion of the Secretary of Transportation to set different requirements by railroad size or other factors, consistent with applicable law.

SEC. 4103. RAIL YARDMASTER CONTROLLED SUBSTANCES AND ALCOHOL TESTING.

(a) YARDMASTERS.—Not later than 2 years after the date of enactment of this Act, the Secretary of Transportation shall publish a final rule in the Federal Register revising the regulations promulgated under section 20140 of title 49, United States Code, to designate a yardmaster as a railroad employee responsible for safety-sensitive functions for purposes of that section.

(b) DEFINITION OF YARDMASTER.—The Secretary shall define the term ''yardmaster'' by regulation under subsection (a).

(c) SAVINGS CLAUSE.—Nothing in this section may be construed as limiting or otherwise affecting the discretion of the Secretary of Transportation to set different requirements by railroad size or other factors, consistent with applicable law.

SEC. 4104. DEPARTMENT OF TRANSPORTATION PUBLIC DRUG AND ALCOHOL TESTING DATABASE.

(a) IN GENERAL.—Subject to subsection (c), the Secretary of Transportation shall—

(1) not later than March 31, 2019, establish and make publicly available on its website a database of the drug and alcohol testing data reported by employers for each mode of transportation; and

(2) update the database annually.

(b) CONTENTS.—The database under subsection (a) shall include, for each mode of transportation—

(1) the total number of drug and alcohol tests by type of substance tested;

(2) the drug and alcohol test results by type of substance tested;

(3) the reason for the drug or alcohol test, such as pre-employment, random, post-accident, reasonable suspicion or cause, return-to-duty, or follow-up, by type of substance tested; and

(4) the number of individuals who refused testing.

(c) COMMERCIALLY SENSITIVE DATA.—The Department of Transportation shall not release any commercially sensitive data furnished by an employer under this section unless the data is aggregated or otherwise in a form that does not identify the employer providing the data.

(d) SAVINGS CLAUSE.—Nothing in this section may be construed as limiting or otherwise affecting the requirements of the Secretary of Transportation to adhere to requirements applicable to confidential business information and sensitive security information, consistent with applicable law.

SEC. 4105. GAO REPORT ON DEPARTMENT OF TRANSPORTATION'S COLLECTION AND USE OF DRUG AND ALCOHOL TESTING DATA.

(a) IN GENERAL.—Not later than 2 years after the date the Department of Transportation public drug and alcohol testing database is established under section 4104, the Comptroller General of the United States shall—

(1) review the Department of Transportation Drug and Alcohol Testing Management Information System; and

(2) submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives a report on the review, including recommendations under subsection (c).

(b) CONTENTS.—The report under subsection (a) shall include—

(1) a description of the process the Department of Transportation uses to collect and record drug and alcohol testing data submitted by employers for each mode of transportation;

(2) an assessment of whether and, if so, how the Department of Transportation uses the data described in paragraph (1) in carrying out its responsibilities; and

(3) an assessment of the Department of Transportation public drug and alcohol testing database under section 4104.

(c) RECOMMENDATIONS.—The report under subsection (a) may include recommendations regarding—

(1) how the Department of Transportation can best use the data described in subsection (b)(1);

(2) any improvements that could be made to the process described in subsection (b)(1);

(3) whether and, if so, how the Department of Transportation public drug and alcohol testing database under section 4104 could be made more effective; and

(4) such other recommendations as the Comptroller General considers appropriate.

SEC. 4106. TRANSPORTATION WORKPLACE DRUG AND ALCOHOL TESTING PROGRAM; ADDITION OF FENTANYL.

(a) MANDATORY GUIDELINES FOR FEDERAL WORKPLACE DRUG TESTING PROGRAMS.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services shall determine whether a revision of the Mandatory Guidelines for Federal Workplace Drug Testing Programs to expand the opioid category on the list of authorized drug testing to include fentanyl is justified, based on the reliability and cost-effectiveness of available testing.

(2) REVISION OF GUIDELINES.—If the expansion of the opioid category is determined to be justified under paragraph (1), the Secretary of Health and Human Services shall—

(A) notify the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives of the determination; and

(B) publish in the Federal Register, not later than 18 months after the date of the determination under that paragraph, a final notice of the revision of the Mandatory Guidelines for Federal Workplace Drug Testing Programs to expand the opioid category on the list of authorized drug testing to include fentanyl.

(3) REPORT.—If the expansion of the opioid category is determined not to be justified under paragraph (1), the Secretary of Health and Human Services shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives a report explaining, in detail, the reasons the expansion of the opioid category on the list of authorized drugs to include fentanyl is not justified.

(b) DEPARTMENT OF TRANSPORTATION DRUG-TESTING PANEL.—If the expansion of the opioid category is determined to be justified under subsection (a)(1), the Secretary of Transportation shall publish in the Federal Register, not later than 18 months after the date the final notice is published under subsection (a)(2), a final rule revising part 40 of title 49, Code of Federal Regulations, to include fentanyl in the Department of Transportation's drug-testing panel, consistent with the Mandatory Guidelines for Federal Workplace Drug Testing Programs as revised by the Secretary of Health and Human Services under subsection (a).

(c) SAVINGS PROVISION.—Nothing in this section may be construed as—

(1) delaying the publication of the notices described in sections 4107 and 4108 until the Secretary of Health and Human Services makes a determination or publishes a notice under this section; or

(2) limiting or otherwise affecting any authority of the Secretary of Health and Human Services or the Secretary of Transportation to expand the list of authorized drug testing to include an additional substance.

SEC. 4107. STATUS REPORTS ON HAIR TESTING GUIDELINES.

(a) IN GENERAL.—Not later than 30 days after the date of enactment of this Act, and every 180 days thereafter until the date that the Secretary of Health and Human Services publishes in the Federal Register a final notice of scientific and technical guidelines for hair testing in accordance with section 5402(b) of the Fixing America's Surface Transportation Act (Public Law 114–94; 129 Stat. 1312), the Secretary of Health and Human Services shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives a report on—

(1) the status of the hair testing guidelines;

(2) an explanation for why the hair testing guidelines have not been issued;

(3) a schedule, including benchmarks, for the completion of the hair testing guidelines; and

(4) an estimated date of completion of the hair testing guidelines.

(b) REQUIREMENT.—To the extent practicable and consistent with the objective of the hair testing described in subsection (a) to detect illegal or unauthorized use of substances by the individual being tested, the final notice of scientific and technical guidelines under that subsection, as determined by the Secretary of Health and Human Services, shall eliminate the risk of positive test results of the individual being tested caused solely by the drug use of others and not caused by the drug use of the individual being tested.

SEC. 4108. MANDATORY GUIDELINES FOR FEDERAL WORKPLACE DRUG TESTING PROGRAMS USING ORAL FLUID.

(a) DEADLINE.—Not later than December 31, 2018, the Secretary of Health and Human Services shall publish in the Federal Register a final notice of the Mandatory Guidelines for Federal Workplace Drug Testing Programs using Oral Fluid, based on the notice of proposed mandatory guidelines published in the Federal Register on May 15, 2015 (80 Fed. Reg. 28054).

(b) REQUIREMENT.—To the extent practicable and consistent with the objective of the testing described in subsection (a) to detect illegal or unauthorized use of substances by the individual being tested, the final notice of scientific and technical guidelines under that subsection, as determined by the

Secretary of Health and Human Services, shall eliminate the risk of positive test results of the individual being tested caused solely by the drug use of others and not caused by the drug use of the individual being tested.

(c) RULE OF CONSTRUCTION.—Nothing in this section may be construed as requiring the Secretary of Health and Human Services to reissue a notice of proposed mandatory guidelines to carry out subsection (a).

SEC. 4109. ELECTRONIC RECORDKEEPING.

(a) DEADLINE.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall—

(1) ensure that each certified laboratory that requests approval for the use of completely paperless electronic Federal Drug Testing Custody and Control Forms from the National Laboratory Certification Program's Electronic Custody and Control Form systems receives approval for those completely paperless electronic forms instead of forms that include any combination of electronic traditional handwritten signatures executed on paper forms; and

(2) establish a deadline for a certified laboratory to request approval under paragraph (1).

(b) SAVINGS CLAUSE.—Nothing in this section may be construed as limiting or otherwise affecting any authority of the Secretary of Health and Human Services to grant approval to a certified laboratory for use of completely paperless electronic Federal Drug Testing Custody and Control Forms, including to grant approval outside of the process under subsection (a).

(c) ELECTRONIC SIGNATURES.—Not later than 18 months after the date of the deadline under subsection (a)(2), the Secretary of Transportation shall issue a final rule revising part 40 of title 49, Code of Federal Regulations, to authorize, to the extent practicable, the use of electronic signatures or digital signatures executed to electronic forms instead of traditional handwritten signatures executed on paper forms.

SEC. 4110. STATUS REPORTS ON COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE.

(a) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, and biannually thereafter until the compliance date, the Administrator of the Federal Motor Carrier Safety Administration shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives a status report on implementation of the final rule for the Commercial Driver's License Drug and Alcohol Clearinghouse (81 Fed. Reg. 87686), including—

(1) an updated schedule, including benchmarks, for implementing the final rule as soon as practicable, but not later than the compliance date; and

(2) a description of each action the Federal Motor Carrier Safety Administration is taking to implement the final rule before the compliance date.

(b) DEFINITION OF COMPLIANCE DATE.—In this section, the term ''compliance date'' means the earlier of—

(1) January 6, 2020; or

(2) the date that the national clearinghouse required under section 31306a of title 49, United States Code, is operational.

Subtitle B—Opioid Addiction Recovery Fraud Prevention

SEC. 4201. SHORT TITLE.

This subtitle may be cited as the ''Opioid Addiction Recovery Fraud Prevention Act of 2018''.

SEC. 4202. DEFINITIONS.

In this subtitle:

(1) OPIOID TREATMENT PRODUCT.—The term ''opioid treatment product'' means a product, including any supplement or medication, for use or marketed for use in the treatment, cure, or prevention of an opioid use disorder.

(2) OPIOID TREATMENT PROGRAM.—The term ''opioid treatment program'' means a program that provides treatment for people diagnosed with, having, or purporting to have an opioid use disorder.

(3) OPIOID USE DISORDER.—The term ''opioid use disorder'' means a cluster of cognitive, behavioral, or physiological symptoms in which the individual continues use of opioids despite significant opioid-induced problems, such as adverse health effects.

SEC. 4203. FALSE OR MISLEADING REPRESENTATIONS WITH RESPECT TO OPIOID TREATMENT PROGRAMS AND PRODUCTS.

(a) UNLAWFUL ACTIVITY.—It is unlawful to make any deceptive representation with respect to the cost, price, efficacy, performance, benefit, risk, or safety of any opioid treatment program or opioid treatment product.

(b) ENFORCEMENT BY THE FEDERAL TRADE COMMISSION.—

(1) UNFAIR OR DECEPTIVE ACTS OR PRACTICES.—A violation of subsection (a) shall be treated as a violation of a rule under section 18 of the Federal Trade Commission Act (15 U.S.C. 57a) regarding unfair or deceptive acts or practices.

(2) POWERS OF THE FEDERAL TRADE COMMISSION.—

(A) IN GENERAL.—The Federal Trade Commission shall enforce this section in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section.

(B) PRIVILEGES AND IMMUNITIES.—Any person who violates subsection (a) shall be subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated and made part of this section.

(c) ENFORCEMENT BY STATES.—

(1) IN GENERAL.—Except as provided in paragraph (4), in any case in which the attorney general of a State has reason to believe that an interest of the residents of the State has been or is threatened or adversely affected by any person who violates subsection (a), the attorney general of the State, as parens patriae, may bring a civil action on behalf of the residents of the State in an appropriate district court of the United States to obtain appropriate relief.

(2) RIGHTS OF FEDERAL TRADE COMMISSION.—

(A) NOTICE TO FEDERAL TRADE COMMISSION.—

(i) IN GENERAL.—Except as provided in clause (iii), the attorney general of a State shall notify the Federal Trade Commission in writing that the attorney general intends to bring a civil action under paragraph (1) before initiating the civil action.

(ii) CONTENTS.—The notification required by clause (i) with respect to a civil action shall include a copy of the complaint to be filed to initiate the civil action.

(iii) EXCEPTION.—If it is not feasible for the attorney general of a State to provide the notification required by clause (i) before initiating a civil action under paragraph (1), the attorney general shall notify the Federal Trade Commission immediately upon instituting the civil action.

(B) INTERVENTION BY FEDERAL TRADE COMMISSION.—The Federal Trade Commission may—

(i) intervene in any civil action brought by the attorney general of a State under paragraph (1); and

(ii) upon intervening—

(I) be heard on all matters arising in the civil action; and

(II) file petitions for appeal.

(3) INVESTIGATORY POWERS.—Nothing in this subsection shall be construed to prevent the attorney general of a State from exercising the powers conferred on the attorney general by the laws of the State to conduct investigations, to administer oaths or affirmations, or to compel the attendance of witnesses or the production of documentary or other evidence.

(4) PREEMPTIVE ACTION BY FEDERAL TRADE COMMISSION.—If the Federal Trade Commission or the Attorney General on behalf of the Commission institutes a civil action, or the Federal Trade Commission institutes an administrative action, with respect to a violation of subsection (a), the attorney general of a State may not, during the pendency of that action, bring a civil action under paragraph (1) against any defendant or respondent named in the complaint of the Commission for the violation with respect to which the Commission instituted such action.

(5) VENUE; SERVICE OF PROCESS.—

(A) VENUE.—Any action brought under paragraph (1) may be brought in any district court of the United States that meets applicable requirements relating to venue under section 1391 of title 28, United States Code.

(B) SERVICE OF PROCESS.—In an action brought under paragraph (1), process may be served in any district in which the defendant—

(i) is an inhabitant; or

(ii) may be found.

(6) ACTIONS BY OTHER STATE OFFICIALS.—In addition to civil actions brought by attorneys general under paragraph (1), any other consumer protection officer of a State who is authorized by the State to do so may bring a civil action under paragraph (1), subject to the same requirements and limitations that apply under this subsection to civil actions brought by attorneys general.

(d) AUTHORITY PRESERVED.—Nothing in this title shall be construed to limit the authority of the Federal Trade Commission or the Food and Drug Administration under any other provision of law.

SA 4014. Mr. MCCONNELL (for Mr. ALEXANDER) proposed an amendment to the bill H.R. 302, to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the Sports Medicine Licensure Clarity Act of 2017.

SEC. 2. PROTECTIONS FOR COVERED SPORTS MEDICINE PROFESSIONALS.

(a) IN GENERAL.—In the case of a covered sports medicine professional who has in effect medical professional liability insurance coverage and provides in a secondary State covered medical services that are within the scope of practice of such professional in the primary State to an athlete or an athletic team (or a staff member of such an athlete or athletic team) pursuant to an agreement described in subsection (c)(4) with respect to such athlete or athletic team—

(1) such medical professional liability insurance coverage shall cover (subject to any

related premium adjustments) such professional with respect to such covered medical services provided by the professional in the secondary State to such an individual or team as if such services were provided by such professional in the primary State to such an individual or team; and

(2) to the extent such professional is licensed under the requirements of the primary State to provide such services to such an individual or team, the professional shall be treated as satisfying any licensure requirements of the secondary State to provide such services to such an individual or team to the extent the licensure requirements of the secondary State are substantially similar to the licensure requirements of the primary State.

(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

(1) to allow a covered sports medicine professional to provide medical services in the secondary State that exceed the scope of that professional's license in the primary State;

(2) to allow a covered sports medicine professional to provide medical services in the secondary State that exceed the scope of a substantially similar sports medicine professional license in the secondary State;

(3) to supersede any reciprocity agreement in effect between the two States regarding such services or such professionals;

(4) to supersede any interstate compact agreement entered into by the two States regarding such services or such professionals; or

(5) to supersede a licensure exemption the secondary State provides for sports medicine professionals licensed in the primary State.

(c) DEFINITIONS.—In this Act, the following definitions apply:

(1) ATHLETE.—The term ''athlete'' means—

(A) an individual participating in a sporting event or activity for which the individual may be paid;

(B) an individual participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) an individual for whom a high school or institution of higher education provides a covered sports medicine professional.

(2) ATHLETIC TEAM.—The term ''athletic team'' means a sports team—

(A) composed of individuals who are paid to participate on the team;

(B) composed of individuals who are participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) for which a high school or an institution of higher education provides a covered sports medicine professional.

(3) COVERED MEDICAL SERVICES.—The term ''covered medical services'' means general medical care, emergency medical care, athletic training, or physical therapy services. Such term does not include care provided by a covered sports medicine professional—

(A) at a health care facility; or

(B) while a health care provider licensed to practice in the secondary State is transporting the injured individual to a health care facility.

(4) COVERED SPORTS MEDICINE PROFESSIONAL.—The term ''covered sports medicine professional'' means a physician, athletic trainer, or other health care professional who—

(A) is licensed to practice in the primary State;

(B) provides covered medical services, pursuant to a written agreement with an athlete, an athletic team, a national governing body, a high school, or an institution of higher education; and

(C) prior to providing the covered medical services described in subparagraph (B), has disclosed the nature and extent of such services to the entity that provides the professional with liability insurance in the primary State.

(5) HEALTH CARE FACILITY.—The term ''health care facility'' means a facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis. Such term does not include facilities at an arena, stadium, or practice facility, or temporary facilities existing for events where athletes or athletic teams may compete.

(6) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(7) LICENSE.—The term ''license'' or ''licensure'', as applied with respect to a covered sports medicine professional, means a professional that has met the requirements and is approved to provide covered medical services in accordance with State laws and regulations in the primary State. Such term may include the registration or certification, or any other form of special recognition, of an individual as such a professional, as applicable.

(8) NATIONAL GOVERNING BODY.—The term ''national governing body'' has the meaning given such term in section 220501 of title 36, United States Code.

(9) PRIMARY STATE.—The term ''primary State'' means, with respect to a covered sports medicine professional, the State in which—

(A) the covered sports medicine professional is licensed to practice; and

(B) the majority of the covered sports medicine professional's practice is underwritten for medical professional liability insurance coverage.

(10) SECONDARY STATE.—The term ''secondary State'' means, with respect to a covered sports medicine professional, any State that is not the primary State.

(11) STATE.—The term ''State'' means each of the several States, the District of Columbia, and each commonwealth, territory, or possession of the United States.

(12) SUBSTANTIALLY SIMILAR.—The term ''substantially similar'', with respect to the licensure by primary and secondary States of a sports medicine professional, means that both the primary and secondary States have in place a form of licensure for such professionals that permits such professionals to provide covered medical services.

AUTHORITY FOR COMMITTEES TO MEET

Mr. MCCONNELL. Mr. President, I have 4 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

The Committee on Banking, Housing, and Urban Affairs is authorized to meet during the session of the Senate on Thursday, September 6, 2018, at 10 a.m., to conduct a hearing entitled ''Outside Perspectives on Russia Sanctions: Current Effectiveness and potential next steps.''

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Thursday, September 6, 2018, at 10 a.m., to conduct a business meeting.

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Thursday, September 6, 2018, at 9:30 a.m., to conduct a hearing entitled ''The nomination of the Honorable Brett M. Kavanaugh to be an Associate Justice of the Supreme Court of the United States.''

SUBCOMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

The Subcommittee on Transportation and Infrastructure of the Committee on Environment and Public Works is authorized to meet during the session of the Senate on Thursday, September 6, 2018, at 9:30 a.m., to conduct a hearing on the nomination of Harold B. Parker, to be Federal Cochairperson of the Northern Border Regional Commission.

TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 623, submitted earlier today.

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

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 623) to constitute the majority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

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

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

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

The resolution (S. Res. 623) was agreed to.

(The resolution is printed in today's RECORD under ''Submitted Resolutions.'')

RECESS SUBJECT TO CALL OF THE CHAIR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate stand in recess subject to the call of the Chair.

There being no objection, the Senate, at 2:43 p.m., recessed subject to the call of the Chair and reassembled at 5:21 p.m. when called to order by the Presiding Officer (Mr. CASSIDY).

The PRESIDING OFFICER. The majority leader is recognized.

INTERIOR, ENVIRONMENT, FINANCIAL SERVICES AND GENERAL GOVERNMENT, AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT APPROPRIATIONS ACT, 2019

Mr. MCCONNELL. Mr. President, I ask that the Chair lay before the Senate the message to accompany H.R. 6147.

The Presiding Officer laid before the Senate the following message from the House of Representatives:

Resolved, That the House disagree to the amendment of the Senate to the bill (H.R. 6147) entitled ''An Act making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2019, and for other purposes.'', and ask a conference with the Senate on the disagreeing votes of the two Houses thereon.

Ordered, That Messrs. Frelinghuysen, Aderholt, Simpson, Calvert, Cole, Diaz-Balart, Graves of Georgia, Young of Iowa, Rutherford, Mrs. Lowey, Messrs. Price of North Carolina, Bishop of Georgia, Ms. McCollum, Mr. Quigley, and Ms. Pingree, be the managers of the conference on the part of the House.

COMPOUND MOTION

Mr. MCCONNELL. Mr. President, I move that the Senate insist on its amendment, agree to the request by the House for a conference, and authorize the Chair to appoint conferees on the part of the Senate at a ratio of 6 to 5.

I know of no further debate on the motion.

The PRESIDING OFFICER. If there is no further debate on the motion, the question is on agreeing to the motion.

The motion was agreed to.

APPOINTMENT OF CONFEREES

The PRESIDING OFFICER. The Chair appoints the following conferees on the part of the Senate.

The PRESIDING OFFICER appointed Ms. MURKOWSKI, Ms. COLLINS, Mr. LANKFORD, Mr. HOEVEN, Mr. SHELBY, Mrs. HYDE-SMITH, Mr. UDALL, Mr. REED, Mr. COONS, Mr. MERKLEY, and Mr. LEAHY conferees on the part of the Senate.

DEPARTMENT OF DEFENSE AND LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION APPROPRIATIONS ACT, 2019

Mr. MCCONNELL. Mr. President, I ask that the Chair lay before the Senate the message to accompany H.R. 6157.

The Presiding Officer laid before the Senate the following message from the House of Representatives:

Resolved, That the House disagree to the amendment of the Senate to the bill (H.R. 6157) entitled ''An Act making appropriations for the Department of Defense for the fiscal year ending September 30, 2019, and for other purposes.'', and ask a conference with the Senate on the disagreeing votes of the two Houses thereon.

Ordered, That Mr. Frelinghuysen, Ms. Granger, Messrs. Cole, Calvert, Womack, Aderholt, Rogers of Kentucky, Mrs. Roby, Mrs. Lowey, Mr. Visclosky, Mses. DeLauro, Roybal-Allard, and McCollum, be the managers of the conference on the part of the House.

COMPOUND MOTION

Mr. MCCONNELL. I move that the Senate insist on its amendment, agree to the request of the House for a conference, and authorize the Chair to appoint conferees on the part of the Senate at a ratio of 4 to 3.

I know of no further debate on the motion.

The PRESIDING OFFICER. If there is no further debate, the question is on agreeing to the motion.

The motion was agreed to.

APPOINTMENT OF CONFEREES

The PRESIDING OFFICER. The Chair appoints the following conferees on the part of the Senate:

The Presiding Officer appointed Mr. SHELBY, Mr. BLUNT, Mr. GRAHAM, Mr. MORAN, Mr. DURBIN, Mrs. MURRAY, and Mr. LEAHY conferees on the part of the Senate.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to executive session for the en bloc consideration of the following nominations: Executive Calendar Nos. 1054, 1055, 1056, 1058, and 1059.

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

The clerk will report the nominations en bloc.

The senior assistant legislative clerk read the nominations of Michael A. Hammer, of Maryland, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Democratic Republic of the Congo; Dereck J. Hogan, of Virginia, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Moldova; Philip S. Kosnett, of Virginia, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Kosovo; Stephanie Sanders Sullivan, of Maryland, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Ghana; and Judy Rising Reinke, of Virginia, a Career Member of the Senior Foreign Service, Class of Career Minister, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to Montenegro.

Thereupon, the Senate proceeded to consider the nominations en bloc.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate vote on the nominations en bloc with no intervening action or debate; that if confirmed, the motions to reconsider be considered made and laid upon the table en bloc; that the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nominations be printed in the RECORD.

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

The question is, Will the Senate advise and consent to the Hammer, Hogan, Kosnett, Sullivan, and Reinke nominations en bloc?

The nominations were confirmed en bloc.

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar Nos. 1001, 1002, 1003 and all nominations placed on the Secretary's desk in the Foreign Service; that the nominations be confirmed; that the motions to reconsider be considered made and laid upon table with no intervening action or debate; that no further motions be in order; that any statements related to the nominations be printed in the RECORD; that the President be immediately notified of the Senate's action, and the Senate then resume legislative session.

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

The nominations considered and confirmed are as follows:

IN THE DEPARTMENT OF STATE

Randy W. Berry, of Colorado, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Federal Democratic Republic of Nepal.

Donald Lu, of California, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Kyrgyz Republic.

Alaina B. Teplitz, of Colorado, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Democratic Socialist Republic of Sri Lanka, and to serve concurrently and without additional compensation as Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Maldives.

NOMINATIONS PLACED ON THE SECRETARY'S DESK

IN THE FOREIGN SERVICE

PN1743 FOREIGN SERVICE nominations (27) beginning Michael Calvert, and ending Marvin Smith, which nominations were received by the Senate and appeared in the Congressional Record of March 12, 2018.

PN1800—1 FOREIGN SERVICE nominations (12) beginning Polly Catherine Dunford-Zahar, and ending William M. Patterson, which nominations were received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1800—2 FOREIGN SERVICE nomination of Tanya S. Urquieta, which was received by the Senate iand appeared in the Congressional Record of April 9, 2018.

PN1801—1 FOREIGN SERVICE nominations (4) beginning Sandillo Banerjee, and ending Robert Peaslee, which nominations were received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1802—1 FOREIGN SERVICE nomination of Peter A. Malnak, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1802—2 FOREIGN SERVICE nomination of Maureen A. Shauket, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN2132 FOREIGN SERVICE nomination of Jason Alexander, which was received by the Senate and appeared in the Congressional Record of June 11, 2018.

PN2319 FOREIGN SERVICE nominations (4) beginning Philip S. Goldberg, and ending Daniel Bennett Smith, which nominations were received by the Senate and appeared in the Congressional Record of July 18, 2018.

PN2371 FOREIGN SERVICE nominations (71) beginning Ami J. Abou-Bakr, and ending Emily Yu, which nominations were received by the Senate and appeared in the Congressional Record of July 31, 2018.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will now resume legislative session.

SAGE-GROUSE AND MULE DEER HABITAT CONSERVATION AND RESTORATION ACT OF 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be discharged from further consideration of S. 1417 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1417) to require the Secretary of the Interior to develop a categorical exclusion for covered vegetative management activities carried out to establish or improve habitat for greater sage-grouse and mule deer, and for other purposes.

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Hatch amendment at the desk be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

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

The amendment (No. 4012) was agreed to as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Sage-Grouse and Mule Deer Habitat Conservation and Restoration Act of 2018''.

SEC. 2. DEFINITIONS.

In this Act:

(1) COVERED VEGETATION MANAGEMENT ACTIVITY.—

(A) IN GENERAL.—The term ''covered vegetation management activity'' means any activity described in subparagraph (B) that—

(i) is carried out on public land administered by the Bureau of Land Management;

(ii) meets the objectives of the order of the Secretary numbered 3336 and dated January 5, 2015;

(iii) conforms to an applicable land use plan;

(iv) protects, restores, or improves greater sage-grouse or mule deer habitat in a sagebrush steppe ecosystem as described in—

(I) Circular 1416 of the United States Geological Survey entitled ''Restoration Handbook for Sagebrush Steppe Ecosystems with Emphasis on Greater Sage-Grouse Habitat—Part 1. Concepts for Understanding and Applying Restoration'' (2015); or

(II) the habitat guidelines for mule deer published by the Mule Deer Working Group of the Western Association of Fish and Wildlife Agencies;

(v) will not permanently impair—

(I) the natural state of the treated area;

(II) outstanding opportunities for solitude;

(III) outstanding opportunities for primitive, unconfined recreation;

(IV) economic opportunities consistent with multiple-use management; or

(V) the identified values of a unit of the National Landscape Conservation System; and

(vi)(I) restores native vegetation following a natural disturbance;

(II) prevents the expansion into greater sage-grouse or mule deer habitat of—

(aa) juniper, pinyon pine, or other associated conifers; or

(bb) nonnative or invasive vegetation;

(III) reduces the risk of loss of greater sage-grouse or mule deer habitat from wildfire or any other natural disturbance; or

(IV) provides emergency stabilization of soil resources after a natural disturbance.

(B) DESCRIPTION OF ACTIVITIES.—An activity referred to in subparagraph (A) is—

(i) manual cutting and removal of juniper trees, pinyon pine trees, other associated conifers, or other nonnative or invasive vegetation;

(ii) mechanical mastication, cutting, or mowing, mechanical piling and burning, chaining, broadcast burning, or yarding;

(iii) removal of cheat grass, medusa head rye, or other nonnative, invasive vegetation;

(iv) collection and seeding or planting of native vegetation using a manual, mechanical, or aerial method;

(v) seeding of nonnative, noninvasive, ruderal vegetation only for the purpose of emergency stabilization;

(vi) targeted use of an herbicide, subject to the condition that the use shall be in accordance with applicable legal requirements, Federal agency procedures, and land use plans;

(vii) targeted livestock grazing to mitigate hazardous fuels and control noxious and invasive weeds;

(viii) temporary removal of wild horses or burros in the area in which the activity is being carried out to ensure treatment objectives are met;

(ix) in coordination with the affected permit holder, modification or adjustment of permissible usage under an annual plan of use of a grazing permit issued by the Secretary to achieve restoration treatment objectives;

(x) installation of new, or modification of existing, fencing or water sources intended to control use or improve wildlife habitat; or

(xi) necessary maintenance of, repairs to, rehabilitation of, or reconstruction of an existing permanent road or construction of temporary roads to accomplish the activities described in this subparagraph.

(C) EXCLUSIONS.—The term ''covered vegetation management activity'' does not include—

(i) any activity conducted in a wilderness area or wilderness study area; or

(ii) any activity for the construction of a permanent road or permanent trail.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

(3) TEMPORARY ROAD.—The term ''temporary road'' means a road that is—

(A) authorized—

(i) by a contract, permit, lease, other written authorization; or

(ii) pursuant to an emergency operation;

(B) not intended to be part of the permanent transportation system of a Federal department or agency;

(C) not necessary for long-term resource management;

(D) designed in accordance with standards appropriate for the intended use of the road, taking into consideration—

(i) safety;

(ii) the cost of transportation; and

(iii) impacts to land and resources; and

(E) managed to minimize—

(i) erosion; and

(ii) the introduction or spread of invasive species.

SEC. 3. IMPROVEMENT OF HABITAT FOR GREATER SAGE-GROUSE AND MULE DEER.

(a) CATEGORICAL EXCLUSION.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall develop 1 or more categorical exclusions (as defined in section 1508.4 of title 40, Code of Federal Regulations (or a successor regulation)) for covered vegetation management activities carried out to protect, restore, or improve habitat for greater sage-grouse or mule deer.

(2) ADMINISTRATION.—In developing and administering a categorical exclusion under paragraph (1), the Secretary shall—

(A) comply with the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.);

(B) apply the extraordinary circumstances procedures under section 220.6 of title 36, Code of Federal Regulations (or successor regulations), in determining whether to use the categorical exclusion; and

(C) consider—

(i) the relative efficacy of landscape-scale habitat projects;

(ii) the likelihood of continued declines in the populations of greater sage-grouse and mule deer in the absence of landscape-scale vegetation management; and

(iii) the need for habitat restoration activities after wildfire or other natural disturbances.

(b) IMPLEMENTATION OF COVERED VEGETATIVE MANAGEMENT ACTIVITIES WITHIN THE RANGE OF GREATER SAGE-GROUSE AND MULE DEER.—If a categorical exclusion developed under subsection (a) is used to implement a covered vegetative management activity in an area within the range of both greater sage-grouse and mule deer, the covered vegetative management activity shall protect, restore, or improve habitat concurrently for both greater sage-grouse and mule deer.

(c) LONG-TERM MONITORING AND MAINTENANCE.—Before commencing any covered vegetation management activity that is covered by a categorical exclusion under subsection (a), the Secretary shall develop a long-term monitoring and maintenance plan, covering at least the 20 year-period beginning on the date of commencement, to ensure that management of the treated area does not degrade the habitat gains secured by the covered vegetation management activity.

(d) DISPOSAL OF VEGETATIVE MATERIAL.—Subject to applicable local restrictions, any vegetative material resulting from a covered

vegetation management activity that is covered by a categorical exclusion under subsection (a) may be—

(1) used for—

(A) fuel wood; or

(B) other products; or

(2) piled or burned, or both.

(e) TREATMENT FOR TEMPORARY ROADS.—

(1) IN GENERAL.—Notwithstanding section 2(1)(B)(xi), any temporary road constructed in carrying out a covered vegetation management activity that is covered by a categorical exclusion under subsection (a)—

(A) shall be used by the Secretary for the covered vegetation management activity for not more than 2 years; and

(B) shall be decommissioned by the Secretary not later than 3 years after the earlier of the date on which—

(i) the temporary road is no longer needed; and

(ii) the project is completed.

(2) REQUIREMENT.—A treatment under paragraph (1) shall include reestablishing native vegetative cover—

(A) as soon as practicable; but

(B) not later than 10 years after the date of completion of the applicable covered vegetation management activity.

The bill (S. 1417), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

TRIBAL SOCIAL SECURITY FAIRNESS ACT OF 2018

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to immediate consideration of H.R. 6124, which is at the desk.

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

The legislative clerk read as follows:

A bill (H.R. 6124) to amend title II of the Social Security Act to authorize voluntary agreements for coverage of Indian tribal council member, and for other purposes.

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The bill (H.R. 6124) was ordered to a third reading, was read the third time, and passed.

GREAT LAKES ENVIRONMENTAL SENSITIVITY INDEX ACT OF 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 255, S. 1586.

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

The legislative clerk read as follows:

A bill (S. 1586) to require the Under Secretary for Oceans and Atmosphere to update periodically the environmental sensitivity index products of the National Oceanic and Atmospheric Administration for each coastal area of the Great Lakes, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Commerce, Science, and Transportation, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

(Purpose: In the nature of a substitute.)

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Great Lakes Environmental Sensitivity Index Act of 2017''.

SEC. 2. UPDATE TO ENVIRONMENTAL SENSITIVITY INDEX PRODUCTS OF NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION FOR GREAT LAKES.

(a) UPDATE REQUIRED ENVIRONMENTAL SENSITIVITY INDEX PRODUCTS FOR GREAT LAKES.—Not later than 180 days after the date of the enactment of this Act, the Under Secretary for Oceans and Atmosphere shall commence updating the environmental sensitivity index products of the National Oceanic and Atmospheric Administration for each coastal area of the Great Lakes.

(b) PERIODIC UPDATES FOR ENVIRONMENTAL SENSITIVITY INDEX PRODUCTS GENERALLY.—Subject to the availability of appropriations and the priorities set forth in subsection (c), the Under Secretary shall—

(1) periodically update the environmental sensitivity index products of the Administration; and

(2) endeavor to do so not less frequently than once every 7 years.

(c) PRIORITIES.—When prioritizing geographic areas to update environmental sensitivity index products, the Under Secretary shall consider—

(1) the age of existing environmental sensitivity index products for the areas;

(2) the occurrence of extreme events, be it natural or man-made, which have significantly altered the shoreline or ecosystem since the last update;

(3) the natural variability of shoreline and coastal environment; and

(4) the volume of vessel traffic and general vulnerability to spilled pollutants.

(d) ENVIRONMENTAL SENSITIVITY INDEX PRODUCT DEFINED.—In this subsection, the term ''environmental sensitivity index product'' means a map or similar tool that is utilized to identify sensitive shoreline, coastal or offshore, resources prior to an oil spill event in order to set baseline priorities for protection and plan cleanup strategies, typically including information relating to shoreline type, biological resources, and human use resources.

(e) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated to the Under Secretary $7,500,000 to carry out subsection (a).

(2) AVAILABILITY.—Amounts appropriated or otherwise made available pursuant to paragraph (1) shall be available to the Under Secretary for the purposes set forth in such paragraph until expended.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be agreed to and the bill, as amended, be considered read a third time.

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

The committee-reported amendment in the nature of a substitute was agreed to.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. MCCONNELL. I know of no further debate on the bill.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass?

The bill (S. 1586), as amended, was passed.

Mr. MCCONNELL. I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

GOLD STAR FAMILIES REMEMBRANCE WEEK

Mr. MCCONNELL. I ask unanimous consent that the Judiciary Committee be discharged from further consideration and the Senate proceed to the consideration of S. Res. 522.

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

The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 522) designating the week of September 23 through September 29, 2018 as ''Gold Star Families Remembrance Week.''

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and that the motions to reconsider be considered made and laid upon the table.

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

The resolution (S. Res. 522) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of May 24, 2018, under ''Submitted Resolutions.'')

SCHOOL BUS SAFETY MONTH

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged from further consideration and the Senate now proceed to S. Res. 603.

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

The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 603) designating September 2018 as ''School Bus Safety Month.''

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

Mr. MCCONNELL. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table.

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

The resolution (S. Res. 603) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of August 1, 2018, under ''Submitted Resolutions.'')

NATIONAL CHILD AWARENESS MONTH

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on the Judiciary be discharged

from further consideration of S. Res. 612 and the Senate proceed to its immediate consideration.

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

The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 612) designating September 2018 as ''National Child Awareness Month'' to promote awareness of charities that benefit children and youth-serving organizations throughout the United States and recognizing the efforts made by those charities and organizations on behalf of children and youth as critical contributions to the future of the United States.

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

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

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

The resolution (S. Res. 612) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of August 22, 2018, under ''Submitted Resolutions.'')

COMMEMORATING ARTHUR ASHE ON THE 50TH ANNIVERSARY OF HIS HISTORIC WIN AT THE 1968 U.S. OPEN TENNIS CHAMPIONSHIP AND HONORING HIS HUMANITARIAN CONTRIBUTIONS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 624, submitted earlier today.

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

The legislative clerk read as follows:

A resolution (S. Res. 624) commemorating Arthur Ashe, a native of Richmond, Virginia, on the 50th anniversary of his historic win at the 1968 U.S. Open Tennis Championship and honoring his humanitarian contributions to civil rights, education, the movement against apartheid in South Africa, and HIV/AIDS awareness.

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

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

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

The resolution (S. Res. 624) was agreed to.

The preamble was agreed to.

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

SPORTS MEDICINE LICENSURE CLARITY ACT OF 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of H.R. 302 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (H.R. 302) to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State.

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

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Alexander amendment at the desk be agreed to, the bill be considered read a third time and passed, and the motions to reconsider be considered made and laid upon the table.

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

The amendment (No. 4014) was agreed to as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the Sports Medicine Licensure Clarity Act of 2017.

SEC. 2. PROTECTIONS FOR COVERED SPORTS MEDICINE PROFESSIONALS.

(a) IN GENERAL.—In the case of a covered sports medicine professional who has in effect medical professional liability insurance coverage and provides in a secondary State covered medical services that are within the scope of practice of such professional in the primary State to an athlete or an athletic team (or a staff member of such an athlete or athletic team) pursuant to an agreement described in subsection (c)(4) with respect to such athlete or athletic team—

(1) such medical professional liability insurance coverage shall cover (subject to any related premium adjustments) such professional with respect to such covered medical services provided by the professional in the secondary State to such an individual or team as if such services were provided by such professional in the primary State to such an individual or team; and

(2) to the extent such professional is licensed under the requirements of the primary State to provide such services to such an individual or team, the professional shall be treated as satisfying any licensure requirements of the secondary State to provide such services to such an individual or team to the extent the licensure requirements of the secondary State are substantially similar to the licensure requirements of the primary State.

(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

(1) to allow a covered sports medicine professional to provide medical services in the secondary State that exceed the scope of that professional's license in the primary State;

(2) to allow a covered sports medicine professional to provide medical services in the secondary State that exceed the scope of a substantially similar sports medicine professional license in the secondary State;

(3) to supersede any reciprocity agreement in effect between the two States regarding such services or such professionals;

(4) to supersede any interstate compact agreement entered into by the two States regarding such services or such professionals; or

(5) to supersede a licensure exemption the secondary State provides for sports medicine professionals licensed in the primary State.

(c) DEFINITIONS.—In this Act, the following definitions apply:

(1) ATHLETE.—The term ''athlete'' means—

(A) an individual participating in a sporting event or activity for which the individual may be paid;

(B) an individual participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) an individual for whom a high school or institution of higher education provides a covered sports medicine professional.

(2) ATHLETIC TEAM.—The term ''athletic team'' means a sports team—

(A) composed of individuals who are paid to participate on the team;

(B) composed of individuals who are participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) for which a high school or an institution of higher education provides a covered sports medicine professional.

(3) COVERED MEDICAL SERVICES.—The term ''covered medical services'' means general medical care, emergency medical care, athletic training, or physical therapy services. Such term does not include care provided by a covered sports medicine professional—

(A) at a health care facility; or

(B) while a health care provider licensed to practice in the secondary State is transporting the injured individual to a health care facility.

(4) COVERED SPORTS MEDICINE PROFESSIONAL.—The term ''covered sports medicine professional'' means a physician, athletic trainer, or other health care professional who—

(A) is licensed to practice in the primary State;

(B) provides covered medical services, pursuant to a written agreement with an athlete, an athletic team, a national governing body, a high school, or an institution of higher education; and

(C) prior to providing the covered medical services described in subparagraph (B), has disclosed the nature and extent of such services to the entity that provides the professional with liability insurance in the primary State.

(5) HEALTH CARE FACILITY.—The term ''health care facility'' means a facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis. Such term does not include facilities at an arena, stadium, or practice facility, or temporary facilities existing for events where athletes or athletic teams may compete.

(6) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(7) LICENSE.—The term ''license'' or ''licensure'', as applied with respect to a covered sports medicine professional, means a professional that has met the requirements and is approved to provide covered medical services in accordance with State laws and regulations in the primary State. Such term may include the registration or certification, or any other form of special recognition, of an individual as such a professional, as applicable.

(8) NATIONAL GOVERNING BODY.—The term ''national governing body'' has the meaning given such term in section 220501 of title 36, United States Code.

(9) PRIMARY STATE.—The term ''primary State'' means, with respect to a covered sports medicine professional, the State in which—

(A) the covered sports medicine professional is licensed to practice; and

(B) the majority of the covered sports medicine professional's practice is underwritten for medical professional liability insurance coverage.

(10) SECONDARY STATE.—The term ''secondary State'' means, with respect to a covered sports medicine professional, any State that is not the primary State.

(11) STATE.—The term ''State'' means each of the several States, the District of Columbia, and each commonwealth, territory, or possession of the United States.

(12) SUBSTANTIALLY SIMILAR.—The term ''substantially similar'', with respect to the licensure by primary and secondary States of a sports medicine professional, means that both the primary and secondary States have in place a form of licensure for such professionals that permits such professionals to provide covered medical services.

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The bill (H.R. 302), as amended, was passed.

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at a time to be determined by the majority leader in consultation with the Democratic leader, the Senate proceed to the consideration of Calendar No. 549, S. 2554, and that Senator LEE or his designee be recognized to call up amendment No. 4011; that there be 1 hour of debate equally divided; that upon the use or yielding back of that time, the Senate vote on adoption of the Lee amendment No. 4011 without intervening action or debate; and that upon disposition of the Lee amendment, S. 2554 be read a third time and the Senate vote on the bill as amended, if amended.

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

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at a time to be determined by the majority leader in consultation with the Democratic leader, the Senate proceed to the consideration of Calendar No. 485, H.R. 6, and that Senator ALEXANDER or his designee be recognized to call up amendment No. 4013; that there be 1 hour of debate equally divided; that upon the use or yielding back of that time, the Alexander amendment No. 4013 be agreed to; and that H.R. 6, as amended, be read a third time and the Senate vote without intervening action or debate on the bill as amended.

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

ORDERS FOR FRIDAY, SEPTEMBER 7, 2018, THROUGH WEDNESDAY, SEPTEMBER 12, 2018

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn, to then convene for pro forma sessions only, with no business being conducted, on the following dates and times and that following each pro forma session, the Senate adjourn until the next pro forma session: Friday, September 7, at 9 a.m., and Tuesday, September 11, at 5 p.m. I further ask that when the Senate adjourns on Tuesday, September 11, it convene at 3 p.m., Wednesday, September 12; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Rettig nomination; finally, that notwithstanding the provision of rule XXII, the cloture motion filed during today's session ripen at 5:30 p.m., Wednesday, September 12.

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

ADJOURNMENT UNTIL 9 A.M. TOMORROW

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent it stand adjourned under the previous order.

There being no objection, the Senate, at 5:35 p.m., adjourned until Friday, September 7, 2018, at 9 a.m.

NOMINATIONS

Executive nominations received by the Senate:

METROPOLITAN WASHINGTON AIRPORTS AUTHORITY

WILLIAM SHAW MCDERMOTT, OF MASSACHUSETTS, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE METROPOLITAN WASHINGTON AIRPORTS AUTHORITY FOR A TERM EXPIRING MAY 30, 2024, VICE NINA MITCHELL WELLS, TERM EXPIRED.

DEPARTMENT OF THE INTERIOR

RAYMOND DAVID VELA, OF TEXAS, TO BE DIRECTOR OF THE NATIONAL PARK SERVICE, VICE JONATHAN B. JARVIS.

ENVIRONMENTAL PROTECTION AGENCY

ALEXANDRA DAPOLITO DUNN, OF VIRGINIA, TO BE ASSISTANT ADMINISTRATOR FOR TOXIC SUBSTANCES OF THE ENVIRONMENTAL PROTECTION AGENCY, VICE JAMES J. JONES.

DEPARTMENT OF STATE

DENNIS WALTER HEARNE, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF MOZAMBIQUE.

UNITED STATES POSTAL SERVICE

RON A. BLOOM, OF NEW YORK, TO BE A GOVERNOR OF THE UNITED STATES POSTAL SERVICE FOR A TERM EXPIRING DECEMBER 8, 2020, VICE MICKEY D. BARNETT, TERM EXPIRED.

ROMAN MARTINEZ IV, OF FLORIDA, TO BE A GOVERNOR OF THE UNITED STATES POSTAL SERVICE FOR A TERM EXPIRING DECEMBER 8, 2024, VICE JAMES C. MILLER III, TERM EXPIRED.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. DAVID P. GARFIELD

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT AS PERMANENT PROFESSOR AT THE UNITED STATES AIR FORCE ACADEMY IN THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 9333(B) AND 9336(A):

To be colonel

THOMAS T. SWAIM

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

To be major

ERIC D. BARGER

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

JOSEPH V. DERMENJIAN
MICHAEL J. TROFINOFF

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

To be colonel

CHRISTOPHER G. HOSSFELD

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

DEJUAN E. GIBLERT

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY AS CHAPLAINS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be lieutenant colonel

JOHN H. BARKEMEYER
JEFFREY P. BARTELS
NED BARTLEBAUGH
PRIMITIVO R. DAVIS
SHAREEN S. FISCHER
JONATHAN W. FOWLER
EMMITT M. FURNER II
THOMAS E. GIDLEY
BRADLEY C. GODDING
WILLIAM E. GRAHAM
ERIK J. GRAMLING
MICHAEL J. HART
CLAUDE E. HOFFMAN
GREGORY S. JACKSON
STANISLAW JASIURKOWSKI
PETER E. KEOUGH
SAMUEL E. KIM
BRIAN G. KOYN
LUIS V. KRUGER, JR.
MARK C. LEE
JAMES M. LESTER
WILLIE MASHACK
BRANDON R. MOORE
SCOTT E. NICHOLS
JASON K. NOBLES
KELLY L. OLEAR
CHARLES S. PAUL
MYUNG Y. RYU
VERNON L. SHACKELFORD
JOHN P. SMITH, JR.
MICHAEL W. SPIKES
DAVID R. STONER
JORGE L. TORRES
VALERIA R. VANDRESS
CODY J. VEST
ERNEST P. WEST, JR.
RICHARD W. WEST
MICHAEL T. WILLIAMS
DONALD A. WILLIAMSON
TIMOTHY E. WILSON
D014328

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

JOHN T. WINKLER

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADES INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 531:

To be lieutenant colonel

PEDRO O. AGAPAY III

To be major

THOMAS E. AXTELL
JONATHAN C. BROOKS
EARL D. HILDEBRAND
CYNTHIA A. LAMBERT
JUSTIN A. MCPEAK
SCOTT A. MONSON
JASON W. NAPIER
MICHAEL B. SIMMONS
JOHN W. SPROUL
MEGAN C. SWANGER
DERICK S. TAYLOR
DAVID A. VIRGINIA
MARK A. WHITE

THE FOLLOWING NAMED OFFICER FOR REGULAR APPOINTMENT IN THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 531:

To be lieutenant colonel

JAIME D. BIRMINGHAM

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADES INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 531:

To be lieutenant colonel

JEFF A. BLACKARD
STEPHEN A. ROBERTS

To be major

JASON A. FERGUSON
GERALDINE A. GUTZWILER
SEAN C. KITCHEN
LAURA E. SAENZ
MATTHEW J. SONGE

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 531:

To be major

BRIAN J. BURTON
CHRISTOPHER S. WOOTEN

THE FOLLOWING NAMED OFFICERS FOR REGULAR APPOINTMENT IN THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 531:

To be lieutenant colonel

HUGO I. EHUAN
MICHAEL K. FLURY

IN THE NAVY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

DARIN M. ANDREWS
MICHAEL J. BEAUTYMAN, JR.
CONRAD M. BICKINGS
NICHOLAS D. BITTO
IAN J. CAMPBELL
BENJAMIN O. CARROLL
BENJAMIN R. CARVER
KRISTJAN J. CASOLA
LARISSA A. COTTRILL
MICHAEL R. CRIBBS
GREGORY P. DEJUTE
MATTHEW J. ENGLEHART
AKWASI FOSU
CHRISTOPHER W. FREDRICK
SARAH M. GREGORY
TRAVIS S. HARLOW
CHESTER H. HEWITT III
NATALIE R. L. JENKINS
JESSICA F. JETT
SADE A. JURGENSEN
STEVEN M. KEMPER
CRAIG T. LENSEGRAV
JOHN J. LUGGE
CAROLYN MAI
MICHELLE E. MCGAVRAN
MATTHEW A. MITCHELSON
THOMAS O. OBRYANT III
JOHN A. OLDENKAMP
TIMOTHY M. OLSON
TYLER N. OSTERMEIER
TIMOTHY B. POLICAR
ANDREW G. SHIN
PATRICK L. STEWART
AMANDA J. TOWEY
ELLIOTT L. VONWELLER
ASHLEY M. WESSEL
CHRISTOPHER M. WILKINS
JOHN K. WOMER
RYAN D. ZACHAR

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

FRANCIS G. COYLE
IAN R. HIGGINS
ALAN J. HOUGH
JOSHUA S. SAUNDERS
DENVER T. WHITE
CHRISTOPHER J. WRIGHT

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

RICHARD E. ARTHUR II
PAUL R. DILLON
IAIN S. DUNKLE
AMY R. ELLISON
GILBERT C. ESPINOSA
MATTHEW P. FUINI
ANDREW G. GALLOUSIS
KRISTOPHER T. GREENE
WILLIAM B. GRIFFITH
GARRETT A. HOPKINS
JASON P. HOROWITZ
ALARIC LEE
RICHARD T. LEGENDRE, JR.
DALE A. MCCOMB
JERMAINE L. NICHOLS
PAUL M. NOVESS
NICHOLAS M. TAYLOR
DAVID B. WELBORN
BARRY J. WUTZKE

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

CLAUDIA I. ALDAY
CLAIRE C. G. BORN
AMANDA B. DATTARO
NICHOLAS A. DEVORAK
ZACHARY M. FRANKLIN
SAMANTHA M. GRECO
MOLLIE G. GREENLUND
ANDREW J. GROH
ANGELA R. HAMILTON
OLIVIA J. JONES
DOUGLAS W. LIPE
PETER S. MCLAUGHLIN
JANNIE E. MILLER
JORY S. MORR
DAVID J. MUNDELL
DECRISHA NOLAN
LUIS ORTIZ IV
ABAIGEAL S. PACHOLK
KAYLOR V. PARASKEVOPOULOS
THOMAS J. REICHHART
APRIL J. ROBERTSON
LAURA C. SMALL
BRYCE R. SMITH
ERIN M. THORPE
LUCIANO J. TIRADO
DONALD J. TODOROWSKI, JR.
TOSHI L. WILLIAMS

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

KYLE J. ABNER
DARRYL M. ABRIAM
NATHAN L. AHRENS
TODD J. AITKINS
CHRISTOPHER M. ALDRICH
RYAN P. ALDRICH
JAFAR A. ALI
MATTHEW T. ALLEN
RYAN E. AMOROSSO
ADAM M. ANDERSON
JEREMY J. ANDERSON
ADRIAN R. ANDRADE
JOSHUA C. ANDRES
NOLAN W. ANLIKER
ROBERT J. ANTONUCCI
NEWTON R. ARIAS
ADAM R. P. ARNDT
WILLIAM L. ARNEST
JOSEPH D. ASH
CHINOMSO E. ASONYE
TAYLOR R. AUCLAIR
MICHAEL C. AXEL
COLBY T. BACON
DOMINIC D. BAGLEY
NATHANIEL D. BAILEY
JAMES M. BALLINGALL IV
JOHN R. BARACHIE
JOSHUA M. BARBER
JAMES E. BARFOOT
TYREE D. BARNES
EMILY C. BARRALE
ADAM J. BARRY
JOHN T. C. BARSTOW
JEFFREY W. BARTELS, JR.
ANDREW T. BARTHOLOMEAUX
JASON P. BEAUDWIN
WILLIAM C. BEAUMONT
ANDREW L. BEHRENDS
TIMOTHY L. BELL
BRIAN M. BENGE
COLLEEN M. BENJAMIN
MICHAEL L. BENJAMIN
RYAN E. BENKO
REBECCA A. BENNETT
DEREK J. BERGESON
JOHN H. BEVERIDGE
GEOFFREY S. BIEGEL
MATTHEW C. BIGGERSTAFF
JAMES C. BILLINGS III
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MICHAEL M. WEBB
BRANDON J. WEST
STUART H. WHITAKER
JORDAN R. WHITE
CHRISTOPHER M. WHITLEY
KYLE D. WIEST
JUSTIN A. WIEZOREK
BRANDON M. WIGTON
CHRISTOPHER R. WILBER
BRIANA M. WILDEMANN
RYAN G. WILLARD
BRIAN N. WILLIAMS
CHRISTOPHER C. WILLIAMS
DAVID B. WILLIAMS
JUSTIN L. WILLIAMS
CANDICE M. WILSON
ROBERT S. WOLCOTT
JOSHUA J. WOMACK
TIMOTHY D. WOOD
MATTHEW S. WOODARD
DANIEL M. WOODS
DAVID A. WORST
JOSEPH D. YATES
DARBY D. YEAGER
BRYON R. YODER
JEFFREY E. YORK
ELENA U. YOSHIMURA
DAVID A. YOUKER
BRITTANY M. YOUNG
LAWRENCE E. YOUNG IV
NATHANIEL J. YOUNG
ZACHARY R. ZAROW
CHRISTOPHER A. ZELLER
JOSHUA F. ZIMMER
THOMAS W. ZIMMERMAN

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

SCOTT B. AARON
MATTHEW C. BIEKER
JEREMY E. BLANCHETTE
DANIEL T. BLAUWKAMP
DANIEL A. BLUE
ANTHONY W. BOVINO
ROY B. BRYAN
ADAM P. BURKE
FORREST N. BUSH

MARIANNE C. CAREY
CAMILO CARRILLO
STEPHEN S. CORTEZ
LAURA R. COX
SCOTT A. DARLINGTON, JR.
PAUL E. DEREN
CECIL R. DEWEES
RICHARD G. DOBIAS
ROBERT M. DOMALIK
MICHAEL B. DONOHUE
KEVIN R. DOUGHERTY
PAUL T. EDELMAN
ILKANIA G. FERNANDES
KEVIN S. FURST
BRIAN P. GANNON
DAVID A. GARCIA
ERIC T. GONZALEZ
NYERE N. GRANT
JOSEPH L. HAKE, JR.
HALFORD T. HASKELL
BLAKE T. HENDERSON
JARED C. HICKEY
JOSEPH K. HOLLIDAY
DOUGLAS J. HOWELL
NICHOLAS E. HUGHES
MICHAEL A. JOHNSON
SEAN P. LEE
JOSEPH R. LEMANEK
ALEKSANDR LITVACHUK
JASON S. MAENZA
ALAN D. MARTIN
CASEY A. MERRILL
MICHAEL J. MILLAR
MICHAEL B. MOORE
KEITH W. NELSON
ELIZABETH R. D. NORRELL
BOSWYCK D. OFFORD II
HERVY J. OXENDINE
CHARLES M. PETERS
ADAM R. PETTUS
JEREMY P. PHILLIPS
BARRY F. QUALLS, JR.
BRETT L. RAJCHEL
BEAU J. REIMER
JARED R. RODRIGUEZ
JEREMEY J. SELLEN
IAN G. SIMON
STEPHANIE N. STAMM
MICHAEL A. THURSTON
RICARDO VAZQUEZ, JR.
TYRONE WALLER II
MICHELLE M. WELCH
WILLIAM E. WILKERSON II
BRANDON S. WYATT
SHANNON M. ZOCH

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

JESSICA L. ALEXANDER
STEVEN C. AUSTIN
JASON S. BAKER
MICHAEL P. BAUCUM
JOHN N. BELL
KEITH R. BOWER
KELLAN D. BOWMAN
JOSEPH R. BRACAMONTE, JR.
KASEY A. BREHME
JAMES G. BRIGOWATZ
HAKIM S. BRISTOW
CHRISTOPHER G. BROWN
VICTOR J. BUHL
BRAD E. CLARK
TAYSHA L. COLON
LINDSAY N. COSENTINO
TRACY L. CULBERT
GREGORY L. FARRELL
DEBORAH I. FRANKLIN
EUGENE T. FRYE
CLAUDIA J. GARCESRIOS
CEDRIC L. HARDNETT
JEREMY E. HAZELBAKER
WADE J. HENDERSON
JOSHUA B. HICKS
AURELIO W. HOFFMAN
DAVID J. HOLM
ANDREW T. JOHNSON
JOSEPH T. JONES
PATRICK W. JONES
GIMMY J. KIM
MATTHEW S. KING
JOSEPH K. LANE
JUSTIN S. MCCARTHY
MATTHEW M. MORRIS
DANIEL P. PAROBEK
KIZZIE N. PHARR
TIMOTHY A. POLYARD
RICHARD C. REYES
PHILLIP W. RICHMOND, JR.
MARK R. RONCORONI
JOHN T. ROSS II
JOHN J. SCHIMMELMANN
JOE T. C. SIMMONS
KRISTOPHER E. SOUSA
ARETHA SPARKS
MICHAEL B. SWERDA
ADAM D. TALLMAN
MICHAEL A. THOMAS
BORREE A. TIBI
BENJAMIN S. ULFERS
CRYSTAL R. WARRENE
AARON S. WEBSTER
SENG F. YEE

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

MICHAEL K. BEALL
MICHAEL C. BECKER II
NATASHA L. BUHOLZER
JOSHUA D. CARTER
TRAVIS J. DAVIS
GEOFFRY R. EBERLE
AMANDA R. FROMM
MIGUEL A. GREEN
JENILLEE A. GRUBER
ALONZO INGRAM, JR.
KELLEN T. JONES
ASHLEY M. MIELKE
MICHELLE L. MOELLER
KEVIN J. OBRIEN
ALLISON K. PELOSI
ALAINA M. RAMSAUR
JEREMY W. SEXSON
JOSUE F. YANEZ
WILLIAM N. ZINICOLALAPIN

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

RACHEL M. ALTHOUSE
DANIEL CHO
NATHAN T. COURIC
BRETT M. DAVIS
JOSHUA N. DURAN
BRENDAN P. DZIAMA
WILLIAM EUCKER IV
JOHN F. FABROS
TIMOTHY S. FITZGERALD
MATTHEW N. HITE
VERONICA M. KENNEDY
TIFFANY J. KINCADE
KYLE R. E. KRIEGER
BEN M. LI
CHUNCHUN N. MEARES
DAVID J. MILLER
LAKIR B. PATEL
PHILIP POON
ELIZABETH A. REED
ADRIENNE J. ROLLE
FREDERICK W. ROMBOUTS
CHRISTOPHER G. SAXTON
DANIEL P. SLOT
SLAVCO STREZOSKI
JASON P. TABANAN

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

SEAN A. BROPHY
SHERRIE A. FLIPPIN
TABITHA L. KLINGENSMITH
RICHARD C. MOORE
PAUL S. NEWELL
JAVAN W. RASNAKE
JAMIE C. SEIBEL
JESUS A. URANGA, JR.

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

CHRISTOPHER M. ANDREWS
JOSEPH E. APPLEBY
JENNIFER M. BAKERSTORY
JAMES E. BARCLAY
AARON S. BATES
PATRICK M. BELL
KEVIN M. BENGSTON
JEREMY K. BENNETT
BRETT M. BITTNER
JOSEPH A. BLALOCK
MATTHEW W. BLANTON
JAMES C. BOND, JR.
GERALD M. BOULLESTER
MATTHEW W. BRASSART
SHAWN R. BRISTLE
YAMILETT T. BROWN
DAVID L. BRYANT
KAREN J. BUCHANAN
JOHN B. BURKHART
CHRIS D. BURSON
ALEJANDRO M. CABRERO
GEORGE T. CALBERT
JENNIFER J. CALINAO
JASON R. CAOUETTE
JEFFREY M. CARTER
TIMOTHY J. CERNY
BRANDON R. CHRISTIAN
HASELY K. CLARKE
RICHARD S. COATES
SAMUEL E. COATNEY
IVAN C. COLE
DONALD W. COPPING
JASON E. CRILE
GREGORY L. CRUM
JOHN T. CRUZ
RAY A. CURETON
JULIUS G. DABU
MICHAEL P. DAHLGREN
CHRISTOPHER E. DAVID
EDWARD L. DAVIDSON, JR.
LUZ DAVIS
ROBERT W. DAVIS
MARK E. DECKER
MATTHEW O. DERAPS
THOMAS J. DEVANY
ROBERT R. DODGE
DAVID A. DOUCET
RICHARD S. DUCHNOWSKI
CALE C. DUPRE
ALEJANDRO B. DURAN
JAY L. ESTACIO
TANNER W. FEISTNER
LELA J. FINNEGAN
PAUL M. FOGEL
MICHAEL A. FORTINER
RAUL R. GARCIA
STEVEN E. F. GASCHLER
CHARLES L. GATEWOOD
MARICRIS GRANADE
SHAWN D. GREENE
PAUL S. GREENOUGH
MARK E. GREENSLADE
SOPHIA A. GUERRA
JEREMY S. HALKIN
MORRIS E. HAMPTON
CRAIG D. HARMON
ADRIAN L. A. HARVILL
DAMARIS C. HAVENS
SHAWN R. HORIGAN
THOMAS A. HORNER
JEREMY A. HUFF
TIMOTHY P. HUTCHISON
CRAIG D. JACOBSON
JERMAINE J. JEMMOTT
TYLER B. KELLEY
GEORDIE F. O. KELLY
JOSEPH L. V. KENWORTHY
SALISHA L. LABONTE
AARON N. LAMAY
ANTHONY S. LASATER
RICHARD W. LEAPARD
JEREMY B. LOGAN
MICHAEL R. LOOMIS
WADE O. LOWE
ALEXANDER W. MARSH
KENYATTO A. MAYES
WAYNE M. MCELMOYL
SOHN D. MCGOUGH
ANGELA V. MEJIA
EDWARD M. MENEZES
BRANDON O. MERCHANT
BRYCE J. MILLER
ANDREW C. MORRIS
CHARLES R. MURPHY
CALEB R. NATION
LOAMAN D. NELSON, JR.
NILBERT S. NG
JAMES L. ONEAL
JASON R. OSBORNE
DANIEL W. OSTROWSKI, JR.
KEITH A. OUELLETTE
JARED W. PAHL
JASON M. PARK
BRIAN D. PARSONS
RYAN F. PATRICK
ANTHONY J. PERRY
VINCENT N. PERRY
DENNIS J. POLLMEIER
SHANE H. PRICE
CHRISTOPHER L. PRING
KEVIN J. RHYNE
TYRONE RICHARDSON
MATTHEW J. ROBINSON
NORRIS L. RODGERS
ROEL ROSALEZ
GREGORY J. ROYAL, SR.
KEVIN S. SCALES
JUSTIN W. SCHELL
GARY J. SCHMIDT, JR.
JEFFREY P. SCHULTZ
PEDRO A. SERRANO
MICHAEL O. SHEA
THOMAS J. SIMMONS
DENNIS A. SIMPSON, JR.
EQUILLA L. SIMS
JACK L. SMITH
JEREMIAH S. SMITH
JUSTUS E. STECKMAN
DWAYNE A. STOUMBAUGH
CHRISTOPHER D. SUMMERHILL
MARK A. SYMONS
ADAM W. TABBERT
SAMMY R. TAYLOR
KARLA C. M. THOMPSON
JABBUR H. TOMA
MICHAEL C. TWYMON
JEFFERY B. VANALLEN
ROWELL P. VENTURINA
ROBERT C. WEBB
ALVIN L. WEIDETZ III
SEAN T. WEINMANN
LOUDON A. WESTGARD III
DAVID G. WILTGEN
MICHAEL E. YOUNG
JACOB W. ZERCHER

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

EMILY L. ADAMS
SCOTT P. ADER
JEFFREY J. ARNOLD
JOHN A. BARDENHAGEN III
CARLOS E. BARRERA, JR.
KELLY A. BARTEK
ROBERT S. BAXTER
BENJAMIN R. BEAR
KRISTOPHER M. BODENHAFER
MILLARD F. BOWEN
EVAN M. BOWER
JAMES D. BOYLE

RACHEL A. BRADSELL
RYAN S. CLARK
NATHAN L. CLEM
CHARLES G. CODDINGTON
RICHARD T. COLLINS
JOHN B. CONNORS
DAVID C. COPELAND
TIFFANY D. CROSBY
IAN M. DASILVA
CHRISTOPHER B. DAVIS
VERNON R. DENNIS II
STEVEN E. DORMAN
CASEY B. ELBARE
JESSICA L. ELFSTROM
CHANTEL M. FABIONAR
JOSHUA M. FLAKUS
DANIEL S. FRIEDMAN
CODY D. GARNER
ROBERT M. GOGGIN
ADAM M. GOODEN
CHRISTOPHER K. HANNIFAN
DANA W. HARRINGTON
NIKKI A. HARRIS
RONALD J. HASSE
BRADLEY R. HOFFMAN
LAURA T. HOFFNER
MATTHEW A. HOWELL
BRYAN P. IRISH
LARKIN M. JONES
KRISTEN M. KELSO
ROGER E. KEPPEN, JR.
BRUCE S. KIMBRELL, JR.
CHRISTOPHER S. KING
ADAM R. LAUSCH
ZACHARY J. LUNNEY
LILAS G. MANNING
JOSEPH S. MARINUCCI
SANDER H. MATHEWS
JOSHUA S. MATTHEWS
ASHLEY A. MCCAWLEY
ALICIA D. MENDOZA
MICHAEL A. MOORE
BRANDON M. MOSLEY
KATHRYN H. MURPHY
THOMAS S. PARK
ERIK S. PAULSON
JONATHAN M. PERKINS
ASHLEY R. PETERSEN
CHARLES S. PETERSON
AUBREY K. POSPISIL
RICHARD S. RAWLS
DONALD F. ROBERTS, JR.
ROBERT A. SABORSKY
ROSE M. SCHUMACHER
SARAH A. SHEEHAN
DAVID P. SHELTON
UTSAV S. SOHONI
MICHAEL D. SPILLERS
RUSSELL H. SPITLER
CONOR W. STEPHENS
SEAN T. SULLIVAN
DANIEL I. TISON
LILLIAN E. TORTORA
KRISZTIAN TRESTYANSZKI
CRYSTAL C. TRIANTAFELLOU
MARCO E. VELA
SHANNON G. VESTAL
STEWART M. VIDMAR
RICHARD A. VIRGINIA, JR.
JUSTIN P. VISSER
JESSICA R. WARNER
ZACHARY WASSERMAN
ANTHONY C. WEIKER
ROBERT J. WILKINS
JACOB C. WILLE

IN THE COAST GUARD

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES COAST GUARD TO THE GRADE INDICATED UNDER TITLE 14, U.S.C., SECTION 271(E):

To be commander

DOUGLAS M. SALIK

CONFIRMATIONS

Executive nominations confirmed by the Senate September 06, 2018:

THE JUDICIARY

MARILYN JEAN HORAN, OF PENNSYLVANIA, TO BE UNITED STATES DISTRICT JUDGE FOR THE WESTERN DISTRICT OF PENNSYLVANIA.

WILLIAM F. JUNG, OF FLORIDA, TO BE UNITED STATES DISTRICT JUDGE FOR THE MIDDLE DISTRICT OF FLORIDA.

KARI A. DOOLEY, OF CONNECTICUT, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF CONNECTICUT.

DOMINIC W. LANZA, OF ARIZONA, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF ARIZONA.

CHARLES J. WILLIAMS, OF IOWA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF IOWA.

ROBERT R. SUMMERHAYS, OF LOUISIANA, TO BE UNITED STATES DISTRICT JUDGE FOR THE WESTERN DISTRICT OF LOUISIANA.

ERIC C. TOSTRUD, OF MINNESOTA, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF MINNESOTA.

ALAN D. ALBRIGHT, OF TEXAS, TO BE UNITED STATES DISTRICT JUDGE FOR THE WESTERN DISTRICT OF TEXAS.

DEPARTMENT OF STATE

RANDY W. BERRY, OF COLORADO, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER–COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE FEDERAL DEMOCRATIC REPUBLIC OF NEPAL.

DONALD LU, OF CALIFORNIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER–COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE KYRGYZ REPUBLIC.

ALAINA B. TEPLITZ, OF COLORADO, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER–COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA, AND TO SERVE CONCURRENTLY AND WITHOUT ADDITIONAL COMPENSATION AS AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF MALDIVES.

MICHAEL A. HAMMER, OF MARYLAND, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER–COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE DEMOCRATIC REPUBLIC OF THE CONGO.

DERECK J. HOGAN, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF MOLDOVA.

PHILIP S. KOSNETT, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF KOSOVO.

STEPHANIE SANDERS SULLIVAN, OF MARYLAND, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER–COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF GHANA.

JUDY RISING REINKE, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF CAREER MINISTER, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO MONTENEGRO.

FOREIGN SERVICE

FOREIGN SERVICE NOMINATIONS BEGINNING WITH MICHAEL CALVERT AND ENDING WITH MARVIN SMITH, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 12, 2018.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH POLLY CATHERINE DUNFORD–ZAHAR AND ENDING WITH WILLIAM M. PATTERSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON APRIL 9, 2018.

FOREIGN SERVICE NOMINATION OF TANYA S. URQUIETA.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH SANDILLO BANERJEE AND ENDING WITH ROBERT PEASLEE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON APRIL 9, 2018.

FOREIGN SERVICE NOMINATION OF PETER A. MALNAK.

FOREIGN SERVICE NOMINATION OF MAUREEN A. SHAUKET.

FOREIGN SERVICE NOMINATION OF JASON ALEXANDER.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH PHILIP S. GOLDBERG AND ENDING WITH DANIEL BENNETT SMITH, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JULY 18, 2018.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH AMI J. ABOU–BAKR AND ENDING WITH EMILY YU, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JULY 31, 2018.