guidelines: here is how schools can reopen, it is safe to reopen for schools, here is what needs to be done. Help our seniors out by getting clear guidelines out into the public. Give instructions to assisted-living facilities; give instructions to these grandparents. What do they need to do now that they have been vaccinated? How much travel can they have? What are the risks? And let them make the decisions on it.

Folks are counting on them to be able to lay some of the science out there, and it is time to get the information out to those folks so they can make the right decision. CDC, we need you to step up.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

OPIOID EPIDEMIC

Mr. PORTMAN. Mr. President, I am here on the floor today to talk about the need for all of us to redouble our efforts to combat drug addiction. One of the top priorities I have had in my time in public service has been to combat this crisis, which has devastated so many families, destroyed so many communities, and impacted us in so many negative ways.

Unfortunately, under the cover of the coronavirus pandemic, there is an epidemic that is growing, and that is the drug addiction epidemic. It is heartbreaking because we actually had several years of progress. We were making progress, finally, in turning the tide, and now, it is coming back with a vengeance to the point that overdoses and overdose deaths, hospitalizations, and all the other negative consequences of drug addiction is being raised up again in the context of the coronavirus.

Here, in the Congress, we have taken a leadership role on addressing this issue. Over the last several years, Congress has appropriated billions of dollars—and not that money solves everything, but the money has been pretty well spent on programs that are actually tested, evidence-based programs on prevention, on treatment, and longer term recovery.

Once called the Comprehensive Addiction and Recovery Act, which I authored with my colleague, SHELDON WHITEHOUSE, on the other side of the aisle, there is other legislation, too, called the 21st Century Cures Act. All of this has provided help that goes down to the local level, the community level, to be able to create a network, to be able to push back against the addiction crisis.

In 2017, Ohio's overdose opioid death rate was almost three times the national average. Ohio was one of the worst States in the country in terms of our opioid addiction. In terms of opioid deaths, we were top three in the country. It is not something you want to be at the top of. Nearly a dozen Ohioans were dying from these dangerous drugs every single day. This is in 2017. It surpassed car crashes as our country's No. 1 killer among young people and, for Ohio, the No. 1 overall.

But that next year, in 2018, much of what we were doing here in Congress, the work again on the CARA Act, the Cures Act, and other things that were being done at the State level and local level that were being supported by our Federal legislation, they were starting to work. So, in 2018, Ohio led the country again, but this time it wasn't in overdose deaths. It was in the reduction of overdose deaths. We actually had a 22-percent reduction from 2017 to 2018.

By the way, the same thing happened nationally. We had a reduction in overdose deaths nationally in 2018 for the first time since 1990. Think about that. From 1990 until 2018, every single year, we had more people dying from overdoses in this country, driven in large part by opioids, and, more recently, by the most deadly of opioids, synthetic opioids like fentanyl and Carfentanil.

Unfortunately, again, under the cover of this coronavirus pandemic, drug addiction has flourished, and that positive progress has been reversed. It is heartbreaking. While we need to remain committed to solving the healthcare challenges of COVID–19, there is increasing evidence that the stresses of this unprecedented time are driving a spike in drug abuse and subsequent overdoses, this making 2020 the worst year in the history of our country in terms of overdose deaths and other measurements of drug addiction.

Why? Well, I have asked a lot of people that. Common sense would tell you people are lonelier. Many people are distraught. Maybe they have lost their job. Maybe they have had someone in their family die of COVID–19. People are feeling anxious. People are unable to access recovery programs in person, so they can't go sit down with their recovery coach, which they might have been able to do but for COVID–19 and the isolation that is required. Many of those in recovery from addiction are stalled in their progress, or they are suffering from relapses.

There is a story that ran last week about a record number of overdose deaths in my home State of Ohio. It was on FOX 8 in Cleveland. One of the people they interviewed was a Cleveland woman who had lost her son to an overdose. It was pretty powerful. She talked about how important it is for people fighting addiction to have that network of support. It was hard to find during COVID–19. She said: ''An addict needs to talk to someone, they need constant reassuring from their support group.''

She is right. There are a lot of troubling statistics out there that should be a cause for concern and a call to action for all of us. The Centers for Disease Control reported that more than 81,000 people died of drug overdoses in the 12 months ending in May 20 of 2020, the highest 12-month total in our Nation's history. So, again, it looks like 2020 is going to be the worst year ever.

The American Medical Association reports that more than 40 States have reported an increase in opioid-related deaths during the COVID–19 pandemic. A recent study in the JAMA Psychiatry journal found that a 45-percent increase was the overdose death increase in emergency rooms from April to October of 2020 compared to that same time in 2019.

It would be worse, in my view, without the Federal response to the coronavirus pandemic, including some measures to ensure those suffering from addiction can continue to get the care they need through telehealth. We have cut redtape. We have provided some regulatory relief to expand telehealth and telehealth options specifically for opioid treatment, like eliminating requirements for in-person visits before prescribing lifesaving drugs like buprenorphine.

Without these expanded services, I believe the overdose spike would be even worse. Although there is no substitute for face-to-face interaction to help along an individual's journey to recovery, telehealth has kept patients in touch with their doctors at least and allowed physicians to prescribe medication-assisted treatment remotely.

In talking to those who are recovery coaches or those doctors back home who specialize in addiction, they tell me they believe that the telehealth option has been extremely important, so even though it has gotten worse, it would have gotten even worse if people had not had at least the ability to access their recovery program through a remote means.

Interestingly, these telehealth options for addiction treatments were put in place temporarily, but they have proven to be such a viable option for addiction treatment that now people are talking about making them permanent. I agree with that. I don't think it makes sense to get away from them as this pandemic goes away, which is why yesterday, along with my colleague, SHELDON WHITEHOUSE, I entered this legislation called the Telehealth Response for E-Prescribing Addiction Services Treatment Act. The reason that is such a long name is we wanted to make the acronym TREATS, which it is. The TREATS Act makes permanent a number of temporary waivers for telehealth services and bolsters telehealth options for addiction treatment services.

Let's turn to a couple of things specifically. First, it allows for a patient to be prescribed lower-scheduled drugs like Suboxone through a telehealth visit on their first visit, as opposed to having to go in person for that first visit.

Current law requires an in-person visit when you need an initial prescription for controlled substances, but this has been a real deterrent for patients in crisis and in urgent need of treatments from Schedule III or Schedule

IV drugs like Suboxone or certain drugs for reoccurring mental health conditions, so our bill is important in that regard.

It also limits abusive practices by limiting telehealth visits to those who have both audio and video capabilities to be able to interact with the treatment providers to reduce fraud and abuse when it is your first visit. It would also keep the existing requirements for in-person visits when prescribing Schedule II drugs like opioids or stimulants that are more prone to being abused during these telehealth visits. So we have provisions in there to avoid abuse, but it is important to continue this telehealth option when other options just aren't there.

Second, our bill would allow for Medicare to bill for audio-only or telephone telehealth services for mental health and substance abuse treatment if it is not the patient's first visit. Due to distance or access to broadband, in-person visits or even video appointments aren't always possible for our seniors. We still need to focus on safety and robust treatment options, but in order to balance the needs of patients, we propose to allow our Nation's seniors under Medicare to use phones for subsequent mental health or behavioral health visits when they don't have access to the internet and where face-to-face interaction just isn't as necessary.

I believe this TREATS legislation will make a difference in the addiction treatment space and will help us prevent more untimely overdoses, but it is also important that we ensure that law enforcement officials can continue to go after the supply of lethal drugs coming into our communities, lethal drugs that are fueling these overdoses.

The most important thing, in my view, is reducing the demand dealing with prevention, treatment, and recovery, but by stopping some of the flow of these drugs, among other things, you are reducing the supply, which raises the cost of these drugs on the street. And, unfortunately, some of these drugs are unbelievably inexpensive, given how incredibly powerful and deadly they can be.

Data from the Center for Disease Control shows that the biggest driver of these surge in overdose deaths has been the class of drugs called synthetic opioids. We talked about that a moment ago. They are far deadlier than the traditional opioids like heroin but still cause far too many overdoses.

The most well known of these drugs, fentanyl, is about 50 times deadlier than heroin, and it is often less expensive. It is illegally manufactured primarily in China, and then it is smuggled across our southern border or through the U.S. mail. A pound of fentanyl is lethal enough to kill half a million people. Think about that. One pound is enough to kill half a million people.

We have made some progress keeping it out of the mail system. The STOP Act is now in effect. We are working with the Postal Service and also working with Customs and Border Protection to properly implement that legislation, which I authored on a bipartisan basis here several years ago, and it is finally being implemented to keep our mail system from delivering poison into our communities.

But the traffickers have changed patterns, and a lot of it is now going to Mexico and then coming over land across our southern border.

Across the country, law enforcement have had their hands full trying to stop the flow of synthetic opioids. Ohio State Patrol troopers seized a total of 129 pounds of fentanyl last year, enough to kill more than 60 million people. We have 11.8 million people in Ohio, but our troopers, just in Ohio, seized enough fentanyl to kill 60 million people.

In one Ohio county, Cuyahoga County, there were more than 1,700 seizures of fentanyl by law enforcement in 2020. One DEA initiative to fight drug trafficking that started just last August of 2020 has resulted in the seizure of nearly 440 pounds of fentanyl.

Fentanyl itself is a schedule II drug, which means that law enforcement is able to take appropriate actions to crack down on it, and that is good. But there is a hidden challenge with fentanyl, and that is that manufacturers can alter its chemical makeup in a lab to make what is known as a fentanyl analog or a copycat. It is all synthetic. So if some evil chemist somewhere can adjust the formula and make it an analog, it is not subject to the schedule II charges that law enforcement can bring. Because the chemical makeup is different in fentanyl, it is not automatically illegal at all, in fact. What is worse, these copycats can often be deadlier than fentanyl—take, for instance, carfentanil, which is 100 times as deadly as fentanyl and about 10,000 times more deadly than morphine. Just handling carfentanil, if you were to spill some on yourself, can kill you.

In 2018, the Drug Enforcement Agency, DEA, made the right call by temporarily making these fentanyl-related substances illegal to possess, transport, or manufacture. Thanks to that designation, our law enforcement officials have been better able to protect our communities by seizing and destroying these fentanyl-related substances.

Unfortunately, the temporary extension by DEA ends in only a few months. After May 6, 2021, these incredibly dangerous substances will no longer be subject to strict regulation by law enforcement. It will be easier for drug manufacturers in China and elsewhere to flood the United States with carfentanil and other synthetic opioids. We can't allow that to happen.

Of course, we can't allow that to happen, which is why yesterday I introduced the bipartisan Federal Initiative to Guarantee Health by Targeting Fentanyl, or FIGHT Fentanyl Act, along with my colleague Senator JOE MANCHIN from West Virginia, another State that has been devastated by the opioid epidemic. Our bill simply codifies the existing DEA precedent to permanently schedule fentanyl-related substances, allowing our law enforcement officials to continue to crack down on synthetic opioid in all of its forms. Let's provide some certainty, some predictability here, and make this permanent.

Just as importantly, it is going to send a signal to both the American people and the manufacturers and smugglers that produce synthetic opioids that we have not forgotten about this threat, and we are going to do everything in our power to keep these deadly drugs out of our communities.

The FIGHT Fentanyl Act and the TREATS Act are a couple of things that we could do right now on a bipartisan basis, and we should. I urge my colleagues to support them.

But we have a lot more work to do in the months ahead. The authorization for the Comprehensive Addiction Recovery Act, the CARA bill we talked about earlier, expires in fiscal year 2023. And Senator WHITEHOUSE and I will soon introduce a CARA 2.0 Act to build on the successes of CARA with an unprecedented investment in expanding access to proven treatment and recovery programs—again, programs that are shown to work by evidence for treatment and recovery than longer term recovery.

CARA 2.0 includes dozens of provisions to address addiction from all fronts—research and education, treatment and recovery, criminal justice reform, dealing with prescription drugs—making it the most comprehensive legislation in our country's history. When added with the existing CARA programs that are reauthorized through 2023, we would be investing well over $1 billion to address this longstanding epidemic, again, at a time when under the pandemic the epidemic is growing.

We need to be sure that as we continue to invest in the coronavirus vaccine development and distribution, we are also focusing on this epidemic. As we come out of this coronavirus pandemic—and I believe we are starting to see some signs of that—let's be sure we are not leaving in its wake more and more deaths and more and more addiction with regard to the drug addiction crisis.

We need to all recognize the urgency of working to reverse this surge and nationwide overdoses and overdose deaths. As we emerge from this coronavirus pandemic, let's act now to ensure we have the tools in place to also turn the tide on this disease and get those affected the help they need.

I yield my time.

ADJOURNMENT UNTIL 11 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 11 a.m. tomorrow.

Thereupon, the Senate, at 6:36 p.m., adjourned until Thursday, February 25, 2021, at 11 a.m.

NOMINATIONS

Executive nominations received by the Senate:

OFFICE OF PERSONNEL MANAGEMENT

KIRAN ARJANDAS AHUJA, OF MASSACHUSETTS, TO BE DIRECTOR OF THE OFFICE OF PERSONNEL MANAGEMENT FOR A TERM OF FOUR YEARS, VICE DALE CABANISS, RESIGNED.

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. KRISTIN ACQUAVELLA

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. MARIA L. AGUAYO

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. JOSEPH B. HORNBUCKLE
CAPT. ANTHONY E. ROSSI

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. STUART C. SATTERWHITE

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral (lower half)

CAPT. RONALD J. PIRET
CAPT. RALPH R. SMITH III

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral

REAR ADM. (LH) DEAN A. VANDERLEY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral

REAR ADM. (LH) JOSEPH D. NOBLE, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral

REAR ADM. (LH) CHRISTOPHER C. FRENCH

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral

REAR ADM. (LH) WILLIAM E. CHASE III
REAR ADM. (LH) JOHN A. OKON

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be rear admiral

REAR ADM. (LH) WILLIAM C. GREENE
REAR ADM. (LH) SCOTT W. PAPPANO