

## AMENDMENT NO. 3329

At the request of Mr. DURBIN, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of amendment No. 3329 intended to be proposed to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

## AMENDMENT NO. 3411

At the request of Mr. TESTER, the names of the Senator from Connecticut (Mr. BLUMENTHAL) and the Senator from Washington (Mrs. MURRAY) were added as cosponsors of amendment No. 3411 intended to be proposed to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

## AMENDMENTS SUBMITTED AND PROPOSED

SA 3428. Mr. CORNYN (for Mr. TOOMEY) submitted an amendment intended to be proposed by Mr. CORNYN to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table.

SA 3429. Mr. DAINES (for himself and Mr. PETERS) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3430. Mr. HOEVEN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3431. Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3432. Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3433. Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3434. Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3435. Mr. SCHATZ (for himself, Mr. HATCH, Mr. TESTER, Mr. COCHRAN, and Ms. COLLINS) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3436. Mr. HEINRICH (for himself, Mr. ENZI, and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3437. Mr. FRANKEN (for himself and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3438. Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3439. Mr. BENNET submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3440. Ms. HEITKAMP submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3441. Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3442. Mr. CASSIDY submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3443. Mr. CASSIDY (for himself and Mr. MARKEY) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3444. Mr. BLUNT submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3445. Ms. WARREN (for herself and Mrs. CAPITO) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3446. Mr. THUNE (for himself, Mr. BARRASSO, and Mr. TESTER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, supra; which was ordered to lie on the table.

SA 3447. Mr. LEE (for himself and Mr. HATCH) submitted an amendment intended to be proposed to amendment SA 2953 proposed by Ms. MURKOWSKI to the bill S. 2012, to provide for the modernization of the energy policy of the United States, and for other purposes; which was ordered to lie on the table.

## TEXT OF AMENDMENTS

SA 3428. Mr. CORNYN (for Mr. TOOMEY) submitted an amendment intended to be proposed by Mr. CORNYN to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

## TITLE VIII—IMPROVEMENTS TO OPIOID ADDICTION TREATMENT

## SEC. 801. REGISTRATION REQUIREMENTS.

(a) IN GENERAL.—Section 303(g)(2)(B) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)) is amended—

(1) by striking clause (ii), and inserting the following:

“(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner complies with the following requirements:

“(I) The practitioner provides, either directly or through referral, biopsychosocial counseling services for their patients’ opioid addiction on a regular basis. The practitioner shall not prescribe medications listed in this subparagraph to any patient who does not receive biopsychosocial counseling services regularly. For the purposes of this subclause, ‘regularly’ means weekly for the first 2 months of the treatment of the patient and monthly for each month thereafter during the treatment, unless otherwise established by the State in which the physician is licensed for the purposes of programs established under paragraph (1). The practitioner shall regularly consult with the practitioner providing the counseling, which shall be provided by a program counselor, qualified by education, training, or experience to assess the psychosocial and sociological background of patients, to contribute to the appropriate treatment plan for the patient and to monitor patient progress.

“(II) The practitioner conducts toxicology tests to determine presence of illicit drugs, to ensure patient is taking prescribed medication and to guide clinical decision making including not fewer than 8 random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice. For patients in short-term detoxification treatment, the practitioner shall perform not less than 1 initial drug abuse test. For patients receiving long-term detoxification treatment, the practitioner shall perform initial and monthly random tests on each patient.

“(III) The practitioner fully participates in and consults the prescription drug monitoring program of the State in which the qualifying practitioner is licensed, pursuant to applicable State guidelines, to ensure patient is not being prescribed opiates elsewhere.

“(IV) The practitioner evaluates the patient in the office setting not less frequently than once per month to determine patient’s individual needs to address the patient’s opioid addiction.

“(V) The practitioner uses the American Society of Addiction Medicine Patient Placement Criteria to guide patient assessment, service planning and level of care decisions.

“(VI) The practitioner follows the Treatment Improvement Protocols of the Substance Abuse and Mental Health Services Administration for best practice guidelines, which shall be updated, not later than 1 year after the date of enactment of this clause, to fully incorporate all opioid addiction treatment medications approved by the Food and Drug Administration.

“(VII) The practitioner has completed—  
“(aa) not less than 24 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or similar mediums) with respect to the treatment and management of opiate-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American

Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause; and

“(bb) not less than 8 hours of continuing medical education training in addiction medicine on an annual basis.

“(VIII)(aa) The practitioner—

“(AA) educates patients about the full range of opioid addiction treatment medications that are approved by the Food and Drug Administration; and

“(BB) based on the medical judgement of the practitioner, patient preference, and clinical assessment using validated, evidenced-based assessment tools, provides all opioid addiction treatment medications approved by the Food and Drug Administration, except schedule II substances, directly or by referral, as permitted and available.

“(bb) Nothing in this subclause shall be construed to allow a practitioner registered under this subsection to prescribe or dispense schedule II substances to treat opioid addiction.”; and

(2) by striking clause (iii) and inserting the following:

“(iii) The total number of patients of the practitioner at any one time will not exceed the applicable number. For the purposes of this clause, the applicable number is 45, unless 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 150 patients. A second notification under this clause shall contain the certifications required by clauses (i) and (ii).”

(b) RULEMAKING.—Not later than 1 year after the date of enactment of this Act, the Attorney General and the Secretary of Health and Human Services, as the case may be, shall promulgate rules to carry out the amendments made by subsection (a).

#### SEC. 802. DATA COLLECTION.

The Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall establish procedures to require that a physician who have received a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) submit to the Administration the following information on a quarterly basis:

(1) The number of patients the physician is treating relative to the licensed maximum capacity of the physician.

(2) With respect to the health facility in which the physician is providing services, the percentage of physicians providing counseling services on-site and the percentage of patients in counseling and how frequently patients are utilizing such services.

(3) With respect to the health facility in which the physician is providing services, the percentage of physicians referring patients for counseling services off-site and the percentage of these patients in counseling and how frequently the patients are utilizing such services.

(4) The frequency with which the physician utilizes toxicology testing to guide therapeutic dosing and treatment decision making.

(5) The median patient length of time in treatment.

(6) The rate of patient dropout against medical advice.

(7) The rate and type of illicit drug use (opiate and non-opiate) by patients of the physician in the past 30 days.

(8) With respect to the health facility in which the physician is providing services, the percentage of physicians employing medication diversion control strategies.

(9) The median duration per buprenorphine prescription written by the physician.

(10) Patient demographics including age, gender, and payer source (such as Medicaid, private insurance, or other types of payment).

(11) Other information that the Secretary determines to be relevant to determine the quality of care being provided to opioid-addicted patients.

#### SEC. 803. GAO REPORT ON OPIOID ADDICTION TREATMENT IN THE PHYSICIAN OFFICE SETTING.

(a) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States 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 the amendments made by section 801 have had on the quality of care being delivered by physicians who have received a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) and the impact such amendments have had on access to care.

(b) RECOMMENDATIONS.—The report required under subsection (a) shall include recommendations to improve opioid addiction treatment outcomes in the physician office setting.

(c) REQUIRED CONSULTATION.—In developing the methodology of and considering recommendations to be included in the report required under subsection (a), the Comptroller General of the United States shall consult with interested parties who specialize in addiction treatment, such as—

(1) the American Academy of Addiction Psychiatry;

(2) the American Association for the Treatment of Opioid Dependence;

(3) the American Osteopathic;

(4) the Academy of Addiction Medicine;

(5) the American Psychiatric Association;

(6) the American Society of Addiction Medicine;

(7) the National Association of State Alcohol and Drug Abuse Directors; and

(8) the National Council for Behavioral Health.

#### SEC. 804. OFFSET.

If the Secretary of Health and Human Services determines that the amendments made by section 801 will result in an increase in Federal spending, the Secretary shall reduce the funds available under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u-11) by such sums necessary to fully offset the cost associated with the amendments made by section 801.

**SA 3429.** Mr. DAINES (for himself and Mr. PETERS) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 66, line 2, strike “under dishonorable conditions” and all that follows through line 5 and insert the following: “, if the reason for that discharge or release, if known, is attributable to a substance use disorder, service-connected post-traumatic stress disorder, military sexual trauma, or a service-connected traumatic brain injury, as determined on a case-by-case basis.”

**SA 3430.** Mr. HOEVEN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to

address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

#### SEC. —. STUDY ON OPIOID TRAFFICKING THROUGH NORTHERN BORDER STATES.

(a) STUDY.—The Secretary of Homeland Security, in coordination with the Attorney General, shall conduct a study on the trafficking of narcotics, specifically opioids, through States that border Canada.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary of Homeland Security, in coordination with the Attorney General, shall submit to the Committee on the Judiciary of the Senate, the Committee on Homeland Security and Governmental Affairs of the Senate, the Committee on Appropriations of the Senate, the Committee on the Judiciary of the House of Representatives, the Committee on Homeland Security of the House of Representatives, and the Committee on Appropriations of the House of Representatives a report on the study conducted under subsection (a), which shall include—

(1) a description of—

(A) the patterns and trends in the trafficking of opioids;

(B) trafficking transportation and delivery methods;

(C) detection efforts and countermeasures used by the United States and Canada;

(D) opioid user trends in the United States and Canada; and

(E) any opioid user awareness campaigns in the United States or Canada;

(2) a discussion of what efforts, if any, the Attorney General and the Secretary of Homeland Security are coordinating with Canadian officials to combat opioid trafficking and use; and

(3) recommendations on—

(A) to how best to combat narcotics trafficking between the United States and Canada; and

(B) needed legal authorizations, funding levels, or international agreements in order to help facilitate better interdiction and prevention efforts.

**SA 3431.** Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(c)(1), insert after subparagraph (H) the following:

(I) the Indian Health Service;

**SA 3432.** Mr. JOHNSON submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(d)(1), insert after subparagraph (C) the following:

(D) the management of populations who have both a pain and a mental health diagnosis, including post-traumatic stress disorder and acute stress disorder;

**SA 3433.** Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 2999C(b) of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 304, insert after “community organizations” the following: “, and nonprofit organizations that demonstrate the capacity to provide recovery services to veterans.”.

**SA 3434.** Mr. HELLER (for himself and Mr. WARNER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

In section 101(c)(5), insert after subparagraph (D) the following:

(E) organizations recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code (commonly referred to as “veterans service organizations”); and

**SA 3435.** Mr. SCHATZ (for himself, Mr. HATCH, Mr. TESTER, Mr. COCHRAN, and Ms. COLLINS) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I of the bill, add the following:

**SEC. 104. ENHANCING BASIC AND APPLIED RESEARCH ON PAIN TO DISCOVER THERAPIES, INCLUDING ALTERNATIVES TO OPIOIDS, FOR EFFECTIVE PAIN MANAGEMENT.**

(a) IN GENERAL.—The Director of the National Institutes of Health (referred to in this section as the “NIH”) may intensify and coordinate fundamental, translational, and clinical research of the NIH with respect to—

- (1) the understanding of pain;
- (2) the discovery and development of therapies for chronic pain; and
- (3) the development of alternatives to opioids for effective pain treatments.

(b) PRIORITY AND DIRECTION.—The prioritization and direction of the Federally funded portfolio of pain research studies shall consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research

Strategy, and the NIH-Wide Strategic Plan for Fiscal Years 2016-2020, the latter which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.

**SA 3436.** Mr. HEINRICH (for himself, Mr. ENZI, and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 11, line 25, strike “and”.

On page 11, after line 25, insert the following:

(6) rural community health professionals; and

On page 12, line 1, strike “(6)” and insert “(7)”.

**SA 3437.** Mr. FRANKEN (for himself and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. —. ESTABLISHING MENTAL HEALTH AND SUBSTANCE USE DISORDER CURRICULUM.**

(a) IN GENERAL.—Subpart I of part C of title VII of the Public Health Service Act (42 U.S.C. 293K et seq.) is amended by inserting after section 747A, the following:

**“SEC. 747B. ESTABLISHING MENTAL HEALTH AND SUBSTANCE USE DISORDER CURRICULUM.**

**“(a) SUPPORT AND DEVELOPMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDER TRAINING PROGRAMS.—**

**“(1) IN GENERAL.—**The Secretary may make grants to, or enter into contracts with, a school of medicine or osteopathic medicine, a nursing school, a physician assistant training program, a school of pharmacy, an accredited public or nonprofit private hospital, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract to establish, maintain, or improve—

**“(A) academic units or programs that include content and clinical experiences related to mental health and substance use disorder fields, with a special focus on addiction;**

**“(B) programs that enhance interdisciplinary recruitment, training, and faculty development for the purposes of improving clinical teaching and research in mental health and substance use disorder fields, including addiction;**

**“(C) programs that develop, assess, and disseminate evidence-based practices for the design of academic units, training programs, and faculty development initiatives in mental health and substance use disorder fields, including addiction; and**

**“(D) recommendations for medical education curriculum content standards regarding mental health and substance abuse, including addiction, to ensure that medical students are able to recognize, diagnose, and treat mental health and substance use disorders.**

**“(2) PARTNERSHIP REQUIRED.—**To be eligible to receive a grant or contract under paragraph (1), an entity shall enter into a part-

nership with a medical education accrediting organization (such as the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, the Commission on Osteopathic College Accreditation, the Accreditation Commission For Education in Nursing, the Commission on Collegiate Nursing Education, the Accreditation Council for Pharmacy Education, or the accreditation review commission on education for the physician assistant).

**“(b) PREFERENCE IN MAKING AWARDS UNDER THIS SECTION.—**In making awards of grants and contracts under subsection (a)(1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

**“(1) establishing academic units or programs in mental health and substance use disorder fields, including addiction medicine; or**

**“(2) substantially expanding such units or programs.**

**“(c) PRIORITIES IN MAKING AWARDS.—**In awarding grants or contracts under subsection (a), the Secretary shall give priority to qualified applicants that—

**“(1) have a record of training the greatest percentage of mental health and substance use disorder providers, including addiction providers, who enter and remain in these fields;**

**“(2) have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in settings with integrated primary and mental health and substance use disorder health care service, or have a record of establishing multidisciplinary addiction medicine fellowship training programs;**

**“(3) have a record of training individuals who are from underrepresented minority groups, including native populations, or from a rural or disadvantaged background;**

**“(4) provide training in the care of vulnerable populations such as children, pregnant and post-partum women, older adults, homeless individuals, victims of abuse or trauma, and other groups as defined by the Secretary;**

**“(5) teach trainees the skills to provide interprofessional, integrated care through collaboration among health professionals; or**

**“(6) provide training in cultural competency and health literacy.**

**“(d) DURATION OF AWARDS.—**The period during which payments are made to an entity from an award of a grant or contract under this section shall be 5 years.

**“(e) AUTHORIZATION OF APPROPRIATIONS.—**

For purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2018 through 2022.”.

**(b) INCREASING TRANSPARENCY REGARDING GRADUATE MEDICAL EDUCATION ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS.—**Not later than 5 years after the date of the enactment of this Act, and annually thereafter, the Secretary of Health and Human Services shall submit to Congress a report that describes the activities that hospitals receiving funding under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) have underway to promote interdisciplinary care teams and provide training for all medical residents, medical students, and faculty in mental health and substance abuse disorders, including addiction medicine.

**SA 3438.** Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national

epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title V, add the following:

**SEC. 504. ELIMINATION OF COPAYMENT REQUIREMENT FOR VETERANS RECEIVING OPIOID ANTAGONISTS OR EDUCATION ON USE OF OPIOID ANTAGONISTS.**

(a) COPAYMENT FOR OPIOID ANTAGONISTS.—Section 1722A(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(4) Paragraph (1) does not apply to opioid antagonists furnished under this chapter to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose.”.

(b) COPAYMENT FOR EDUCATION ON USE OF OPIOID ANTAGONISTS.—Section 1710(g)(3) of such title is amended—

(1) by striking “with respect to home health services” and inserting “with respect to the following:

“(A) Home health services”; and

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

“(B) Education on the use of opioid antagonists to reverse the effects of overdoses of specific medications or substances.”.

**SA 3439.** Mr. BENNET submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**TITLE VIII—CLOSING THE REVOLVING DOOR**

**SEC. 801. SHORT TITLE.**

This title may be cited as the “Close the Revolving Door Act of 2016”.

**SEC. 802. LIFETIME BAN ON MEMBERS OF CONGRESS FROM LOBBYING.**

(a) IN GENERAL.—Section 207(e)(1) of title 18, United States Code, is amended to read as follows:

“(1) MEMBERS OF CONGRESS.—Any person who is a Senator, a Member of the House of Representatives, or an elected officer of the Senate or the House of Representatives and who, after that person leaves office, knowingly makes, with the intent to influence, any communication to or appearance before any Member, officer, or employee of either House of Congress or any employee of any other legislative office of the Congress, on behalf of any other person (except the United States) in connection with any matter on which such former Senator, Member, or elected official seeks action by a Member, officer, or employee of either House of Congress, in his or her official capacity, shall be punished as provided in section 216 of this title.”.

(b) CONFORMING AMENDMENT.—Section 207(e)(2) of title 18, United States Code, is amended—

(1) in the heading, by striking “OFFICERS AND STAFF” and inserting “STAFF”;

(2) by striking “an elected officer of the Senate, or”;

(3) by striking “leaves office or employment” and inserting “leaves employment”;

and

(4) by striking “former elected officer or”.

**SEC. 803. CONGRESSIONAL STAFF.**

Paragraphs (2), (3)(A), (4), (5)(A), and (6)(A) of section 207(e) of title 18, United States Code, are each amended by striking “1 year” and inserting “6 years”.

**SEC. 804. IMPROVED REPORTING OF LOBBYISTS' ACTIVITIES.**

Section 6 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1605) is amended by adding at the end the following:

“(c) JOINT WEB SITE.—

“(1) IN GENERAL.—The Secretary of the Senate and the Clerk of the House of Representatives shall maintain a joint lobbyist disclosure Internet database for information required to be publicly disclosed under this Act which shall be an easily searchable Web site called lobbyists.gov with a stated goal of simplicity of usage.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$100,000 for fiscal year 2017.”.

**SEC. 805. LOBBYIST REVOLVING DOOR TO CONGRESS.**

(a) DEFINITIONS.—In this section—

(1) the term “foreign principal” has the meaning given that term under section 1(b) of the Foreign Agents Registration Act of 1938 (22 U.S.C. 611(b));

(2) the terms “lobbyist” and “lobbying contact” have the meanings given such terms under section 3 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603); and

(3) the term “registered lobbyist” means a lobbyist registered under the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.).

(b) PROHIBITION.—Any person who is a registered lobbyist or an agent of a foreign principal may not, within 6 years after that person leaves such position, be hired by a Member or committee of either House of Congress with whom the registered lobbyist or agent of a foreign principal has had substantial lobbying contact.

(c) WAIVER.—This section may be waived in the Senate or the House of Representatives by the Select Committee on Ethics of the Senate or the Committee on Standards of Official Conduct of the House of Representatives, respectively, based on a compelling national need.

(d) SUBSTANTIAL LOBBYING CONTACT.—For purposes of this section, in determining whether a registered lobbyist or agent of a foreign principal has had substantial lobbying contact within the applicable period of time, a Member or committee of either House of Congress shall take into consideration whether the individual’s lobbying contacts have pertained to pending legislative business, or related to solicitation of an earmark or other Federal funding, particularly if such contacts included the coordination of meetings with the Member or committee, involved presentations to employees of the Member or committee, or participation in fundraising (except for the mere giving of a personal contribution). Simple social contacts with the Member or committee of either House of Congress and staff, shall not by themselves constitute substantial lobbying contacts.

**SEC. 806. REPORTING BY SUBSTANTIAL LOBBYING ENTITIES.**

The Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.) is amended by inserting after section 6 the following:

**“SEC. 6A. REPORTING BY SUBSTANTIAL LOBBYING ENTITIES.**

“(a) IN GENERAL.—A substantial lobbying entity shall file on an annual basis with the Clerk of the House of Representatives and the Secretary of the Senate a list of each employee of, individual under contract with, or individual who provides paid consulting services to the substantial lobbying entity who is—

“(1) a former Senator or a former Member of the House of Representatives; or

“(2) another covered legislative branch official who—

“(A) was paid not less than \$100,000 in any 1 year as a covered legislative branch official;

“(B) worked for a total of not less than 4 years as a covered legislative branch official; or

“(C) had a job title at any time while employed as a covered legislative branch official that contained any of the following terms: ‘Chief of Staff’, ‘Legislative Director’, ‘Staff Director’, ‘Counsel’, ‘Professional Staff Member’, ‘Communications Director’, or ‘Press Secretary’.

“(b) CONTENTS OF FILING.—The filing required under this section shall contain a brief job description of each individual described in subsection (a) and an explanation of their work experience under subsection (a) that requires this filing.

“(c) IMPROVED REPORTING OF SUBSTANTIAL LOBBYING ENTITIES.—The Joint Web site being maintained by the Secretary of the Senate and the Clerk of the House of Representatives, known as lobbyists.gov, shall include an easily searchable database entitled ‘Substantial Lobbying Entities’ that includes information on all individuals described in subsection (a).

“(d) LAW ENFORCEMENT OVERSIGHT.—The Clerk of the House of Representatives and the Secretary of the Senate shall provide a copy of each filing under subsection (a) to the United States Attorney for the District of Columbia, to allow the United States Attorney for the District of Columbia to determine whether a substantial lobbying entity is underreporting the lobbying activities of its employees, individuals under contract, or individuals who provide paid consulting services.

“(e) SUBSTANTIAL LOBBYING ENTITY.—In this section, the term ‘substantial lobbying entity’ means an incorporated entity that employs more than 3 registered lobbyists during a filing period.”.

**SEC. 807. ENHANCED PENALTIES.**

Section 7(a) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1606(a)) is amended by striking “\$200,000” and inserting “\$500,000”.

**SA 3440.** Ms. HEITKAMP submitted an amendment intended to be proposed by her to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. . . . NORTHERN BORDER THREAT ANALYSIS.**

(a) SHORT TITLE.—This section may be cited as the “Northern Border Security Review Act”.

(b) DEFINITIONS.—In this section:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term “appropriate congressional committees” means—

(A) the Committee on Homeland Security and Governmental Affairs of the Senate;

(B) the Committee on Appropriations of the Senate;

(C) the Committee on the Judiciary of the Senate;

(D) the Committee on Homeland Security of the House of Representatives;

(E) the Committee on Appropriations of the House of Representatives; and

(F) the Committee on the Judiciary of the House of Representatives.

(2) NORTHERN BORDER.—The term “Northern Border” means the land and maritime borders between the United States and Canada.

(c) NORTHERN BORDER THREAT ANALYSIS.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary of Homeland Security shall submit a Northern Border threat analysis to the appropriate congressional committees that includes—

(A) current and potential terrorism and criminal threats posed by individuals and organized groups seeking—

(i) to enter the United States through the Northern Border; or

(ii) to exploit border vulnerabilities on the Northern Border;

(B) improvements needed at and between ports of entry along the Northern Border—

(i) to prevent terrorists and instruments of terrorism from entering the United States; and

(ii) to reduce criminal activity, as measured by the total flow of illegal goods, illicit drugs (including opioids, fentanyl, heroin, and the illegal movement of prescription drugs), and smuggled and trafficked persons moved in either direction across the Northern Border;

(C) gaps in law, policy, cooperation between State, tribal, and local law enforcement, international agreements, or tribal agreements that hinder effective and efficient border security, counter-terrorism, anti-human smuggling and trafficking efforts, and the flow of legitimate trade along the Northern Border; and

(D) whether additional U.S. Customs and Border Protection preclearance and preinspection operations at ports of entry along the Northern Border could help prevent terrorists and instruments of terrorism from entering the United States.

(2) ANALYSIS REQUIREMENTS.—For the threat analysis required under paragraph (1), the Secretary of Homeland Security shall consider and examine—

(A) technology needs and challenges;

(B) personnel needs and challenges;

(C) the role of State, tribal, and local law enforcement in general border security activities;

(D) the need for cooperation among Federal, State, tribal, local, and Canadian law enforcement entities relating to border security;

(E) the terrain, population density, and climate along the Northern Border; and

(F) the needs and challenges of Department facilities, including the physical approaches to such facilities.

(3) CLASSIFIED THREAT ANALYSIS.—To the extent possible, the Secretary of Homeland Security shall submit the threat analysis required under paragraph (1) in unclassified form. The Secretary may submit a portion of the threat analysis in classified form if the Secretary determines that such form is appropriate for that portion.

**SA 3441.** Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . LAWFUL PRESENCE OF PRACTITIONERS REGISTERED UNDER THE CONTROLLED SUBSTANCES ACT.**

Section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) is amended by adding at the end the following: “In the case of an ap-

plicant who is an individual, the Attorney General may not register the applicant under this subsection unless the applicant demonstrates that he or she is a national of the United States or is otherwise lawfully present in the United States under the immigration laws.”.

**SA 3442.** Mr. CASSIDY submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . PRESCRIBER EDUCATION.**

Section 301 of the Controlled Substances Act (21 U.S.C. 821) is amended—

(1) by striking “The Attorney General” and inserting “(a) Except as provided in subsection (b), the Attorney General”; and

(2) by adding at the end the following:

“(b) A fee charged by the Attorney General under subsection (a) relating to dispensing narcotic drugs in schedule III, IV, or V or combinations of such drugs in accordance with section 303(g)(2) shall be reduced by 50 percent if the practitioner has completed not less than 24 hours of training during the 3-year period ending on the date that is 30 days earlier than the date on which an application for registration under section 303(g)(2) is submitted (through classroom situations, seminar at professional society meetings, electronic communications, or otherwise) with respect to the treatment and management of substance use disorders, including opiate-dependent patients, provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Attorney General determines is appropriate for purposes of this subsection after providing notice and a period for public comment.”.

**SA 3443.** Mr. CASSIDY (for himself and Mr. MARKEY) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 27, line 19, strike “and”.

On page 28, line 20, strike the period and insert “; and”.

On page 28, between lines 20 and 21, insert the following:

(3) a State that requires all licensed prescribers of schedule II and III narcotic substances to complete training on, at a minimum—

(A) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(B) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(C) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(D) linking patients to evidence-based treatment for substance use disorders; and

(E) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.

On page 39, line 20, strike “and”.

On page 39, line 23, strike “program.” and insert “program; and”.

On page 39, after line 23, insert the following:

“(5) with respect to States, give preference to a State that requires all licensed prescribers of schedule II and III narcotic substances to complete training on, at a minimum—

“(A) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

“(B) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

“(C) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

“(D) linking patients to evidence-based treatment for substance use disorders; and

“(E) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.”.

On page 42, line 19, strike “and”.

On page 43, line 10, strike the period and insert “; and”.

On page 43, between lines 10 and 11, insert the following:

(3) requires all licensed prescribers of schedule II and III narcotic substances to complete training on, at a minimum—

(A) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(B) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(C) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(D) linking patients to evidence-based treatment for substance use disorders; and

(E) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists.

On page 67, between lines 18 and 19, insert the following:

(A) mandatory training for all licensed prescribers of schedule II and III narcotic substances on, at a minimum—

(i) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(ii) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(iii) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(iv) linking patients to evidence-based treatment for substance use disorders; and

(v) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists;

On page 72, line 8, strike “and”.

On page 72, line 12, insert “and” after the semicolon.

On page 72, between lines 12 and 13, insert the following:

(III) is trained on—

(aa) the best practices for pain management, including alternatives to prescribing controlled substances and other alternative therapies to decrease the use of opioids;

(bb) responsible prescribing of pain medications as described in the Federal prescriber guidelines for nonmalignant pain;

(cc) methods for diagnosing, treating, and managing a substance use disorder, including the use of medications and evidence-based non-pharmacological therapies approved by the Food and Drug Administration;

(dd) linking patients to evidence-based treatment for substance use disorders; and

(ee) tools to manage adherence and diversion of controlled substances, including prescription drug monitoring programs, drug screening, informed consent, overdose education, and the use of opioid overdose antagonists;

On page 94, after line 17, insert the following:

**SEC. 705. GAO REPORT ON TRAINING FOR PRESCRIBERS.**

Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on—

(1) the number of States that have a mandatory training program for prescribers of opioids;

(2) when each State that has mandatory training for prescribers of opioids implemented the training program;

(3) the differences between the mandatory training programs for prescribers of opioids from State to State; and

(4) whether, in each State with a mandatory training program for prescribers of opioids, the number of deaths related to opioid abuse has changed since the implementation of the training program.

**SA 3444.** Mr. BLUNT submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . TELEHEALTH GRANTS FOR PREVENTION AND TREATMENT OF OPIOID ABUSE.**

(a) IN GENERAL.—Section 330I of the Public Health Service Act (42 U.S.C. 254c-14) is amended—

(1) in subsection (b), by inserting “, which may include telehealth opioid abuse prevention and treatment grant programs” before the period;

(2) in subsection (d)(1)(A), by inserting “, including health care services for the prevention and treatment of opioid abuse” after “health care services”;

(3) in subsection (f)(1)(B)(iii)—

(A) in subclause (IX) by inserting “, including community mental health centers meeting the criteria specified in section 1913(c) and located in rural areas” after “outpatient mental health facilities”; and

(B) by adding at the end the following:

“(XIII) Drug abuse and opioid abuse treatment specialists.

“(XIV) Drug treatment and detoxification centers located in rural areas, as identified by the Secretary.

“(XV) Clinics or hospitals of the Indian Health Service, including hospitals and clinics operated by Indian tribes or tribal organizations.”; and

(4) in subsection (k)—

(A) in paragraph (1)(A), by inserting “, including prevention and treatment services for opioid abuse or addiction,” after “clinical telehealth services”; and

(B) by adding at the end the following:

“(3) TELEHEALTH OPIOID ABUSE PREVENTION AND TREATMENT.—The recipient of a telehealth opioid abuse prevention and treatment grant referred to in subsection (b) may use funds received through such grant to—

“(A) provide prevention and treatment services to rural communities and coordinate care for individuals in such communities receiving treatment for opioid abuse or addiction;

“(B) provide continuing education to rural clinicians on emerging treatment options for individuals suffering from opioid addiction, including through the use of electronic health records linking rural providers with specialists and other opioid prevention and treatment experts in order to improve health care outcomes;

“(C) provide continuing education to rural emergency medical service providers to improve capacity to respond to opioid overdoses;

“(D) coordinate broader clinical services for individuals suffering from opioid addiction or recovering from such addiction;

“(E) focus primarily on opioid prevention and addiction services and providing other clinical services as needed in rural settings; and

“(F) develop best practices in delivery of opioid abuse prevention and treatment through telehealth services.”.

**SA 3445.** Ms. WARREN (for herself and Mrs. CAPITO) submitted an amendment intended to be proposed by her to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . PRESCRIPTIONS.**

Section 309(a) of the Controlled Substances Act (21 U.S.C. 829(a)) is amended—

(1) by inserting “(1) IN GENERAL.—” before “Except”; and

(2) by adding at the end the following:

“(2) PARTIAL FILLING OF PRESCRIPTIONS.—

“(A) IN GENERAL.—A prescription for a controlled substance in schedule II may be partially filled if—

“(i) it is requested by—

“(I) the patient; or

“(II) the practitioner that wrote the prescription, if the practitioner wrote the prescription in accordance with paragraph (1);

“(ii) the pharmacist partially filling the prescription makes a notation of the partial filling and records it in the same manner as a filling of the prescription, in accordance with regulations prescribed by the Attorney General;

“(iii) the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed; and

“(iv) the partial filling is not prohibited under the law of the State in which it occurs.

“(B) REMAINING PORTIONS.—Remaining portions of a partially filled prescription—

“(i) may be filled; and

“(ii) must be exhausted not later than 30 days after the date on which the prescription is issued, except in the case of a partially filled emergency prescription, the remaining portions of which must be exhausted not later than 72 hours after the prescription is issued.”.

**SA 3446.** Mr. THUNE (for himself, Mr. BARRASSO, and Mr. TESTER) submitted an amendment intended to be proposed to amendment SA 3378 proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Mr. PORTMAN, Ms. KLOBUCHAR, Ms. AYOTTE, Mr. GRAHAM, Mr. COONS, Mr. CORNYN, and Mr. DURBIN) to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 9, between lines 10 and 11, insert the following:

(2) the term “Indian tribe” has the meaning given the term in section 901(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3791(a));

On page 9, line 11, strike “(2)” and insert “(3)”.

On page 9, line 16, strike “(3)” and insert “(4)”.

On page 9, line 21, strike “(4)” and insert “(5)”.

On page 12, line 14, strike “State and local” and insert “State, tribal, and local”.

On page 14, line 5, insert “and the Indian Health Service” before the period.

On page 16, line 1, insert “or tribal” after “local”.

On page 16, line 22, insert “or tribal” after “local”.

On page 17, line 2, insert “or tribal” after “local”.

On page 22, line 12, insert “or tribal” after “State”.

On page 22, line 13, insert “or tribal” after “State”.

On page 23, line 7, insert “, and tribal if applicable,” after “local”.

On page 23, line 11, insert “, including tribal law enforcement agencies if applicable” before the semicolon.

On page 23, between lines 17 and 18, insert the following:

(D) demonstrate consultation with affected Indian tribes, if applicable;

On page 23, line 18, strike “(D)” and insert “(E)”.

On page 23, line 22, strike “(E)” and insert “(F)”.

On page 27, line 17, insert “or the agencies and tribal governments,” after “the agencies.”.

On page 32, line 15, insert “, and tribal if applicable,” after “State”.

On page 35, line 1, strike “tribal law” and insert “tribal, or Bureau of Indian Affairs law”.

On page 36, line 9, insert “and tribal” after “State”.

On page 36, line 9, insert “, or Indian tribes served by the Bureau of Indian Affairs,” after “agencies”.

On page 41, line 19, insert “and, if applicable, affected Indian tribes” before the semicolon.

On page 42, line 24, strike “and”.

On page 43, line 16, strike the period and insert “; and”.

On page 43, between lines 16 and 17, insert the following:

(3) consults, if applicable, with Indian tribes for the purposes of this section.

On page 45, line 20, strike “or”.

On page 45, line 21, strike the period and insert “; or”.

On page 45, between lines 21 and 22, insert the following:

“(F) a Bureau of Indian Education-funded school.

On page 52, line 19, strike “and”.

On page 52, line 20, insert “, and tribally controlled colleges or universities (as defined in section 2(a) of the Tribally Controlled College or University Assistance Act of 1978 (25 U.S.C. 1801(a)))” after “providers”.

On page 56, line 4, strike “or State” and insert “, State, or tribal”.

On page 57, line 10, insert “, tribal,” after “State”.

On page 57, line 21, strike “or State” and insert “, State, or tribal”.

On page 60, line 7, insert “AND TRIBAL” after “STATE”.

On page 60, line 11, insert “and Indian tribes” after “agencies”.

On page 60, line 18, insert “and Indian tribes” after “agencies”.

On page 60, line 23, strike “a”.

On page 60, line 24, strike “State system managed by State” and insert “State and tribal systems managed by State and tribal”.

On page 61, line 24, strike “and”.

On page 62, line 3, strike the period and insert “; and”.

On page 62, between lines 2 and 3, insert the following:

“(F) shall apply requirements described in this section for State substance abuse agencies to participating Indian tribes to the maximum extent possible.

On page 62, line 22, insert “tribal governments,” after “agencies,”.

On page 66, line 6, insert “AND TRIBAL” after “STATE”.

On page 66, line 11, insert “AND TRIBAL” after “STATE”.

On page 67, line 17, insert “and Indian tribes” after “States”.

On page 67, line 20, insert “or Indian tribe” after “State”.

On page 68, line 5, insert “ or, if applicable, Indian tribe” after “State”.

On page 68, line 11, insert “and, if applicable, Indian tribes” after “States”.

On page 68, line 14, insert “or Indian tribe” after “State”.

On page 68, line 17, insert “or Indian tribe” after “State”.

On page 70, line 2, insert “or Indian tribe” after “State”.

On page 70, line 23, strike “and”.

On page 71, line 3, strike the period and insert “; and”.

On page 71, between lines 3 and 4, insert the following:

(V) if applicable, a plan for how the State will consult with Indian tribes and integrate tribal health programs (as defined by section 4 of the Indian Healthcare Improvement Act (25 U.S.C. 1603)) and tribal or Bureau of Indian Affairs law enforcement into planning.

On page 71, line 6, insert “or Indian tribe” after “State”.

On page 71, line 9, insert “or Indian tribe” after “State”.

On page 71, line 14, insert “or Indian tribe” after “State”.

On page 71, line 21, insert “or Indian tribe” after “State”.

On page 74, line 15, insert “and, if applicable, affected Indian tribes” before the semicolon.

On page 76, line 22, strike “and”.

On page 77, line 3, strike the period and insert “; and”.

On page 77, between lines 3 and 4, insert the following:

(G) if applicable, ensures consultation with affected Indian tribes.

**SA 3447.** Mr. LEE (for himself and Mr. HATCH) submitted an amendment intended to be proposed to amendment SA 2953 proposed by Ms. MURKOWSKI to the bill S. 2012, to provide for the modernization of the energy policy of the United States, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_\_ . REQUIREMENTS FOR ESTABLISHMENT OR EXPANSION OF NATIONAL MONUMENTS IN THE STATE OF UTAH.**

Effective during the period beginning on the date of enactment of this Act and ending

on the date that is 1 year after that date, no establishment or expansion of a National Monument in the State of Utah shall be carried out unless expressly authorized by Act of Congress.

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ORDERS FOR TUESDAY, MARCH 8, 2016

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. tomorrow, Tuesday, March 8; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate be in a period of morning business for 1 hour, equally divided, with Senators permitted to speak therein for up to 10 minutes each, and with the Democrats controlling the first half and the majority controlling the final half; further, that following morning business, the Senate resume consideration of S. 524; further, that the Senate recess from 12:30 p.m. to 2:15 p.m. to allow for the weekly conference meetings; finally, that all time during morning business, recess, and adjournment of the Senate count postcloture on amendment No. 3378.

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

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ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 6:38 p.m., adjourned until Tuesday, March 8, 2016, at 10 a.m.