

We must continue to improve the conditions for wage growth and the creation of new jobs. We must conduct stringent oversight to rein in the excesses of the President on a quixotic pursuit of a legacy, but with regard to a Supreme Court nomination, the only task for this Senate is to wait passionately and listen to the American people.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. COTTON). Without objection, it is so ordered.

#### MOBILE NOW ACT

Mr. THUNE. Mr. President, over the last 20 years we have seen incredible advancements in computing, telecommunications, and information technology. The United States has led the world in this innovation thanks to our brilliant entrepreneurs, scientists, world-class universities, massive private sector capital investment, a culture that rewards risk-taking, and a favorable regulatory environment, but increasingly our lead in innovation is threatened as American businesses are forced to contend with an ever-growing number of outdated laws and regulations. While our businesses have often managed to succeed anyway, American industries deserve better from our government.

Congress has a responsibility to ensure that our statutes and regulations are appropriately and narrowly tailored for today's economy and for the future. My Commerce Committee colleagues and I have been eager to do our part in ensuring our Nation's communications laws keep pace with innovation. Last week, we unanimously passed the bipartisan MOBILE NOW Act, which I introduced, along with the committee's ranking member Senator BILL NELSON. This legislation will give a boost to American innovators who are looking to make the next generation of wireless technology, known as 5G, a reality.

Mr. President, 5G wireless will obviously mean things like faster movie downloads and more advanced smartphones, and it will also mean massive leaps forward in areas like technology, entertainment, public safety, and health care, as well as other economic benefits that will make American lives better.

One of the best examples I have heard came from former FCC Commissioner Meredith Attwell Baker. She pointed out that right now a Smart Car communicating with 4G wireless technology takes 4½ feet to brake in response to an obstacle. By contrast, a Smart car with 5G technology would

travel only 1 inch before braking, which could be the difference between life and death. In order to make 5G wireless technology a reality, we have to put the right policies in place. Policies that maximize the efficiency of the airwaves that transmit wireless broadband signals and the bands of electromagnetic spectrum that make up our Nation's airwaves are in limited supply. While we can't make more airwaves to carry additional spectrum, we can make changes to how they are used and who uses them in order to improve efficiency and to do more of what we have.

The MOBILE NOW Act will require the government to make at least 255 megahertz of spectrum available for private sector broadband use by the year 2020. That is a lot of spectrum, but MOBILE NOW doesn't stop there. The bill also directs government to assess more than 12,000 megahertz of superhigh frequency spectrum for wireless broadband suitability. For technical reasons, that spectrum has seen only limited use to date, but as new technologies come online in the next few years, this spectrum will become increasingly viable.

Indeed, most people expect that these superhigh bands will become critical for our 5G future. Making spectrum available is important, but freeing up spectrum does not help our digital economy unless and until we put it to good use. This is why several of MOBILE NOW's provisions focus on speeding up the deployment of the communications facilities at the heart of our Nation's broadband networks. One way to do that is by putting a shot clock on Federal agencies to force them to make speedy decisions on companies' applications to place wireless facilities on Federal property. This is critical for rural States like South Dakota and Nevada where placing wireless facilities on Federal lands could bring more high-speed Internet service to underserved communities.

The MOBILE NOW Act is an example of what is possible when Members put aside their partisan differences and work together to come up with commonsense proposals to spur economic growth. In addition to the provisions Senator NELSON and I wrote, MOBILE NOW also includes all or part of six other bills which represent the work of Senators BOOKER, DAINES, FISCHER, GARDNER, KLOBUCHAR, MANCHIN, MORAN, RUBIO, SCHATZ, and UDALL. We also adopted important amendments from Senators HELLER and PETERS. Even the chairman and ranking member of the Senate Environment and Public Works Committee—Senator INHOFE, as well as a longtime former member of the Commerce Committee, Senator BOXER—made key contributions to the bill's "dig once" section.

The MOBILE NOW Act would not have been possible without the collaboration of these Senators. So it is my hope that this spirit of bipartisanship will also carry over to the Commerce

Committee's efforts to reauthorize the Federal Communications Commission. Compared to other Federal agencies, the FCC is relatively small. But as the regulator of the communications and technology industries, both of which are central to America's modern economy, the Commission has significant influence over the direction of our country.

Given the importance of the FCC, my colleagues might be surprised to learn that Congress has not reauthorized it in more than a quarter of a century. You have to go back to 1990 to find the last time that the FCC, or the Federal Communications Commission, was reauthorized.

The work of the FCC has continued during that period, of course, but reauthorizing this agency every 2 years ensures that Congress will be able to make sure that the FCC has all the tools it needs to keep up with our rapidly changing digital landscape. Some 26 years ago—I think it is safe to say—none of us in this Chamber knew anything about the Web, let alone about smartphones or streaming videos.

Since then, the communications landscape has been fundamentally transformed by digital technology, mobile services, and the Internet. Yet the FCC in that entire time has gone unapproved, making it the oldest expired authorization in the Commerce Committee's broad jurisdiction. I hope we can change that.

On Monday I introduced the FCC Reauthorization Act of 2016, which includes a handful of noncontroversial, good-government reforms to go with a 2-year reauthorization window. By restarting the FCC's regular authorization cycle, the bill will ensure that necessary congressional oversight of the FCC's budget and procedures occur routinely.

As indicated by the FCC Commissioners themselves at our oversight hearing last week, a consistent legislative reauthorization process will produce a more responsible and a more productive relationship between Congress and the Commission. This will result in better outcomes for both consumers and the rapidly growing broadband-based economy.

Telecom policy was once considered to be one of the least partisan issues in Congress. While the campaign for net neutrality has certainly changed the political playing field over the last decade, I believe there is still a lot of room for bipartisanship on tech and telecommunications issues. The MOBILE NOW Act and the FCC Reauthorization Act are two bills that can make a real difference. I look forward to working with colleagues on the Commerce Committee and in the full Senate to pass both of these bills in the coming months.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, I ask unanimous consent to speak for up to 15 minutes.

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

#### COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. BLUNT. Mr. President, today the Senate is taking a second step to deal with a public health crisis that is destroying lives and damaging communities across the Nation, the epidemic of opioid and heroin abuse. Step 1 late last year was to reduce spending in other programs and increase the dollars available to deal with this addiction.

An estimated 1.9 million American adults have an opioid-use addiction or disorder related to prescription drug pain relievers. Another 500,860 have an opioid-use disorder related to heroin. Some 2.5 million Americans are dealing with this problem. Our Nation's veterans are particularly at risk for developing a dependency on opioids. A study published in 2014 found a high prevalence of chronic pain among veterans because of their service. The chronic pain among veterans was 44 percent compared to 26 percent in the general public.

There was a higher prevalence of opioid use, at 15.1 percent, in the U.S. military after a combat deployment, after possible injuries in training or injuries from an IED attack, compared to just 4 percent in the general public. In 2014, more than 1,000 Missourians died from an opioid overdose. In St. Louis alone, deaths related to opioid abuse have increased nearly three times since 2007.

Member after member has come to the floor, just as they came to me last year as the chairman of the funding committee for health and human services and explained what a problem this is in their State. The majority leader made a point to me the other day that in Kentucky more people died last year from drug overdoses than died from car accidents.

According to the Centers for Disease Control and Prevention, 4 people every day die from an overdose of opioid pain relievers, and 78 people die every day from a combination of pain reliever overdoses or heroin overdose.

Many times those prescription opioids have been the pathway to heroin. Deaths from prescription opioids have quadrupled in the past 14 years. These are stunning statistics. The Centers for Disease Control and Prevention has rightly labeled this an "epidemic." This should get a good vote on the Senate floor today or tomorrow. But just because it gets a good vote, it does not mean it was not an important debate to have.

Just because it gets a good vote and is now better funded than it has been in the past, that does not mean the Senate and the House don't need to weigh in and say: Here is more specific ability to deal with these problems in new ways. The good news is that addiction is a treatable disease. Those who

receive treatment can recover and go on to lead full, healthy, and productive lives.

In Missouri 72 percent of the individuals who had gone through our State's opioid treatment program in random tests test drug-free. The problem with addiction is that only about 10 percent of individuals who are battling drug addiction receive treatment. That is why I am proud to be a cosponsor of this bill. That is why it is important that we commit ourselves to win the fight against addiction.

We need to make sure that all of the stakeholders are involved. As to first responders, if you are a first responder attached to a fire department, for instance, the odds are that you are going to respond to three times as many drug overdoses as you do to fires. So whether it is first responders, paramedics, or the law enforcement community, we need to use all of our resources to try to be sure that we are doing what needs to be done here.

The Comprehensive Addiction and Recovery Act that we are debating provides grants from multiple government agencies to encourage State and local communities to pursue strategies that we know work. The only thing you have to do is be sure and implement those strategies.

The bill expands the educational efforts to understand addiction as a chronic illness. That promotes treatment and recovery and prevents opioid abuse from going forward. The bill also expands resources to identify and to treat the incarcerated population suffering from addiction disorders with evidence-based treatment.

Finally, it expands disposal sites for unwanted prescription medications to help them out of the hands of children and adolescents. Way too many unused painkillers are still in people's medicine cabinets or their dresser drawer, waiting for somebody else to find them and, once they know they are there, to find them again.

This bill represents a strong bipartisan effort to address this epidemic. I filed two amendments that I think will improve the bill. I hope to see them in the managers' package. The first amendment will just simply expand the efforts that we have already made in a bill that Senator STABENOW and I introduced a couple of years ago and that got a significant pilot project in the Excellence in Mental Health Act.

What that does is to provide 24-hour access for people living with behavioral health issues—with mental health issues. That would include substance abuse disorder. Excellence in Mental Health creates a demonstration program that really just simply, in the right kind of facilities, requires that mental health is dealt with like all other health—that behavioral health is dealt with like all other health.

When we started that debate, there was a belief that no more than 20 States would implement Excellence in Mental Health if every State in the

country were allowed to do it if they wanted to. We now have 24 States that have applied to be one of the eight State pilots. The administration said: Why don't we increase the 8 States to 14 States? We have an amendment to this bill that would say: Let's go ahead and increase the 14 States to all 24 States, because not only is this the right thing to do but what these States will find out is that when you deal with mental health like all other health, you probably save money because the other health issues that people with behavioral health issues have are so much more easily dealt with.

It has been long said that we have really turned over, in an outrageous way, the mental health obligations of our society to the local police departments and the emergency rooms. That is no way to do this. It is no way to solve this problem. We are about 50 years behind. We are beginning now to catch up in the ways we should.

I also filed an amendment to authorize the Department of Health and Human Services to use telehealth to allow this program to work more effectively, to allow telehealth to be one of the specifically reimbursable opportunities here.

According to the Centers for Disease Control, individuals in rural communities are more likely—not as likely, not less likely, but more likely—to overdose on prescription painkillers than people in the cities, people in urban areas. In fact, death rates from overdoses in rural areas now greatly outpace the rate in large metropolitan areas, which historically had higher rates.

So what do you do to connect those individuals with the kind of help they might need on a basis that they can turn to that help when they need to? One way to do that, certainly, is telehealth treatment options. Telehealth allows individuals in rural or medically underserved areas—many of whom just simply don't have other treatment options—to receive the care they need, to receive the attention their issue needs remotely.

Additionally, telehealth can be an important component in ensuring that those patients receiving treatment for pain management use opioids effectively and appropriately and don't get started down the wrong path and the wrong way.

In July 2014, the Journal of the American Medical Association published a study that followed patients who reported moderate to intense chronic musculoskeletal pain. Of the 250 patients in the study, half received the normal standard of care and half received a year of telephone monitoring in addition to normal care.

Patients who were monitored via telehealth were twice as likely to report less pain after 12 months, having someone to talk to or being able to ask a question about whether they should increase the medicine because their pain was worse that day. Researchers