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No. 73

House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mr. WEBER of Texas).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
May 10, 2016.

I hereby appoint the Honorable RANDY K. WEBER, SR., to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 5, 2016, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 1:50 p.m.

MARIJUANA V. HEROIN

The SPEAKER pro tempore. The Chair recognizes the gentleman from Tennessee (Mr. COHEN) for 5 minutes.

Mr. COHEN. Mr. Speaker, today on our calendar we have got about 10 bills dealing with a very serious issue in America: opioids and heroin. This is an awful problem we have in our Nation. There is more and more use of opioids and heroin and death resulting from it than at any time that I can recall in the past.

I had a young friend a few years back who died of a heroin overdose. I have known of other promising young people

in Memphis who have died of heroin overdoses. This is a problem all over the country, but predominantly in the northeast and predominantly in Caucasian areas. It has become an issue, as it should, of importance. But none of the bills that we are going to deal with today—all of which are good, and all of which I will support—deal with the real problem; and that is, the recognition in our country that we treat all drugs as a law enforcement problem, a criminal problem, and not as a health problem; and that we treat most all drugs on the same level and give law enforcement the same incentives to arrest dealers and/or users for any drug and not encourage them and give them reasons—besides public safety—to emphasize their enforcement on opioids and heroin.

In the drug schedules which we have in our country that lay out the order in which we think drugs are the most serious, Schedule I is at the top; and in that classification are heroin, LSD, ecstasy, and marijuana.

I ask you each not to answer reflexively which of those four don't fit. Marijuana does not fit.

Our laws should show that heroin is a serious problem and that marijuana is not as serious a problem; that users should be dealt with in ways that don't put them in jail and, in the case of marijuana possession, don't cause them to lose scholarship opportunities, housing opportunities in Federal facilities, or jobs later on.

We also shouldn't have law enforcement, through asset forfeiture, get moneys from people they arrest; fund their activities by making arrests; and have it be presumed in law that moneys and/or properties that are involved in the transactions of those drug deals are involved and that law enforcement gets to keep those items. It gives law enforcement a reason to go after marijuana—which is easier to find and make money—rather than heroin.

We need to study marijuana to see what its medical uses are. We don't need to use it to incarcerate and cripple for the future jobs for young people. We need to encourage young people not to do any drugs at all, not to do alcohol, not to smoke cigarettes, and to take their time as youths to be youths, to be young, to learn, and to fill their minds with knowledge for a better life later. But if, as a youth or as an adult, they should use an illegal substance, they should be dealt with as having a problem and not be given a scarlet letter that stays with them for the rest of their lives.

So my work has been and will continue to be to try to make more sense of our drug laws; to see that the scheduling is smarter, that heroin and opioids continue to be at the top, and that marijuana is not in that listing; and to do things that encourage law enforcement to arrest people that are dealing in and selling heroin and opioids, which cause death and cause people to be addicted to the point where they will commit crimes to secure moneys to keep their habit going, and to not have equal incentives to go after marijuana that does none of those things.

BABY BODY PARTS FOR SALE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. PITTS) for 5 minutes.

Mr. PITTS. Mr. Speaker, I rise today to bring attention to the research that the Select Investigative Panel on Infant Lives is conducting. I encourage everyone to examine the exhibits from the Select Investigative Panel on Infant Lives' investigation on their Web site: energycommerce.house.gov/select-investigative-panel.

On April 20, 2016, Chairman MARSHA BLACKBURN held a hearing on the "Pricing of Fetal Tissue" and found

This symbol represents the time of day during the House proceedings, e.g., 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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broad consensus among witnesses that Federal law may have been violated when abortion clinics profited from the sale of baby body parts.

This grave circumstance has caused considerable concern because one of the underpinnings and so-called safeguards of the statute that allowed for the donation of fetal tissue for transplantation and research was that this tissue would not be sold.

The author of the statute, former Congressman Henry Waxman, stated during floor debate in 1993:

This amendment would enact the most important safeguards to prevent any sale of fetal issue for any purpose, not just the purpose of research. It would be abhorrent to allow for a sale of fetal tissue and a market to be created for that sale.

Yet this is what is happening today.

As seen on Exhibit B2, the "Procurement Business"—the name is redacted—markets itself in its brochure as a way for clinics to make additional income by allowing procurement business technicians to collect fetal tissue and organs from aborted babies immediately after an abortion is completed. The brochure uses the words "financially profitable," "fiscally rewards," and "financial benefit."

The Select Investigative Panel on Infant Lives' investigation revealed that the procurement business technician performs every conceivable task in the harvesting process immediately after an abortion occurs. However, procurement businesses—essentially the middlemen between the abortion clinics on the one hand and the end users, the experimenters or researchers, on the other—still pay abortion clinics a fee, even though the clinics are not incurring any additional costs in the process.

Exhibit D1 shows the abortion clinic charged the middleman \$11,365 for harvested baby parts—called POCs—and blood.

Exhibit D2 shows the abortion clinic charged the middleman, again, this time \$9,060 for harvested baby parts, or POCs, and blood, even though the clinic did not incur any additional expense in the harvesting process. After obtaining the organs from the clinic, the middleman then made it easy for end users to purchase baby body parts.

Exhibit C3, the procurement business order form, or drop-down menu, for baby organs, illustrates just how easy this is. On the left side of the menu, one can choose: What type of tissue would you like to order? And under a multitude of options—a few of which are listed on the right—one could choose up here at the top, brains. These are little baby brains. Next you must select the number of specimens. And I suppose one could say six baby brains. Continuing down the list of questions, gestational range from start to end? One can select 16 to 18 weeks.

Then it asks: Add another tissue type? One could answer yes and scroll through the numerous options and

have the opportunity to pick, for instance, female reproductive system and ovaries. You could then ask for five of those at 15 to 16 weeks. Then you could add, down at the bottom here, tongue.

So these are the options.

For crying out loud, this is the Amazon.com of baby body parts, a market for baby body parts. It is repulsive, outrageous, and I urge you to go to the Web site to see the exhibits.

This is a market for baby body parts where you get what you pay for.

This is utterly repulsive. Absolutely outrageous. Each one of these baby tongues or baby brains belongs to a little human baby. This business is nothing more than a fetal corpse market. How can anyone defend such an abhorrent practice?

These exhibits illustrate that, in both intent and practice, these clinics make money well above any actual costs they incur. They are making a profit. Go to the Select Panel's website energycommerce.house.gov/select-investigative-panel and see for yourself the revealing exhibits that show how these organizations may have broken the law and profited from this gruesome, inhumane practice of baby body part harvesting and trafficking.

URGING BOEING NOT TO SELL AIRPLANES TO IRAN

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. ROSKAM) for 5 minutes.

Mr. ROSKAM. Mr. Speaker, I am very concerned about some news that has come to my attention and to the attention of the House recently, and that is that there is an iconic American aviation company—that is, the Boeing Company—that that has entered into preliminary talks with Iran. And the thinking is for Boeing to sell planes to Iran.

I guess when you first hear about that, you say: Well, what is the big deal? Why is everybody so uptight about this? Why can't everybody relax and just let some commerce happen?

Here is what is the big deal; here is why we ought not relax; and here is why Boeing shouldn't be in these discussions; and, ultimately, it is my sincere hope, Mr. Speaker, that Boeing does not sell planes to the Iranians:

The entire Washington foreign policy establishment; that is, the House of Representatives, the Senate, the United States State Department, and the administration all agree on one thing. They all agree that Iran is still the world's leading state sponsor of terror.

There is no credible organization; there is no credible voice today that says: No, no, no. That is not true anymore. In fact, the President has acknowledged this; the Secretary of State has acknowledged this; the national security adviser has acknowledged this.

And if that is true—and it is true—how can someone, how can a company, how can an American institution say, we are going to do business with them? And how can it be true that we are

going to sell something that can be easily converted for the use of terrorism?

You see, planes are fungible. Airplane parts are fungible. Unless we think that only Boeing is beginning these sorts of discussions—we know what Airbus is doing. Airbus has made a decision to go in and do business with this terrorist regime.

Why I am urging these companies—and particularly Boeing, as an iconic American company, as a company that has come to symbolize what? American strength, American innovation, and American greatness. And then to be complicit with the Iranians and the sheer possibility and, I would argue, probability that those airplanes will be converted to warplanes.

Now, just so I am clear, I am not making an argument nor a suggestion today that Boeing is doing anything illegal. I am not making that argument.

But here is my point: just because something is legal doesn't make it good; just because something is legal doesn't make it right.

□ 1215

There are some people who are saying: Well, look, other manufacturers are selling into that marketplace. And let me ask you this, Mr. Speaker. When has history ever been kind to the excuse: Well, somebody else was doing it, so I decided to do it too? History, Mr. Speaker, is a merciless judge and disciplinarian against that sort of argument.

So what is the problem? Here is the problem. It is the Islamic Revolutionary Guard Corps that completely dominates the Iranian economy, and they certainly completely dominate the aviation sector of the economy. Iran Air was recently taken off the terrorist watch list by the State Department. Most people think that it was an agreement through the Iran nuclear deal and that it wasn't really deserved, but they were only recently on it. Regardless, the fungibility of these products can easily move into other areas of the sector.

There are some people that say: Look, it is an emerging market and we ought to be selling American products there. No, Mr. Speaker. What we ought to do is recognize that there are things that are more important than American profits, and that is the integrity of American businesses not to be complicit in this shameful activity and to sort of draw a blind eye towards this activity to say we can somehow sell these products and they won't end up in the hands of terrorists. It is naive, it is a wrongheaded move, and I urge Boeing in the strongest possible terms not to be complicit in this activity.

HONORING BILL KNAPP

The SPEAKER pro tempore. The Chair recognizes the gentleman from Iowa (Mr. YOUNG) for 5 minutes.

Mr. YOUNG of Iowa. Mr. Speaker, I come to the floor of the U.S. House of

Representatives to recognize and honor the accomplishments of an individual who exemplifies what it means to be an Iowan, to be an American.

Bill Knapp is being honored by the Van Meter High School Booster Club and American Legion Post 403 as an Iowa hero and legend, and it is for good reason. Bill has given much to the community. He spent his life giving back. Throughout his life, his career, and his philanthropic efforts, he has demonstrated, and continues to demonstrate, a commitment to our State and our country, to people.

Bill was born in 1926 and grew up on a farm in Allerton in southern Iowa. Growing up in Allerton was where Bill first learned the value of a hard day's work, of an earned day's pay. He learned the value of making do with less, anticipating the needs of others, and helping those less fortunate. He learned self-sacrifice, honesty, and integrity. He has carried with him these Iowa values throughout his life.

Bill turned 17 in 1944. Observing World War II from quite a distance in Iowa, this young man heard the call to serve our country. He did not ignore that call; he answered it. He convinced his parents to sign off on his enlistment into the United States Navy.

In the spring of 1945, Bill took part in the Battle of Okinawa as a coxswain on the USS *Catron*. Alongside many others from across the country, Bill bravely served. And unlike many of these gentlemen who were with him who didn't come back, Bill returned home.

After 2 years in the U.S. Navy and the end of the Second World War, Bill returned to Allerton. He took business courses, took to real estate, rolled up his sleeves, got to work, and soon formed Iowa Realty. Under Bill's leadership, Iowa Realty grew, prospered, and became the largest real estate company in Iowa.

Bill has had some tremendous successes, but he has never forgotten his Iowa values. Instead, he continues to embody what it means to be an Iowan. His selflessness and willingness to give back is evident in everything that he continues to do. He is known statewide. He is known nationally for his philanthropic efforts, as well as his special commitment to Iowa. He has placed a strong emphasis on helping to turn Iowa's capital city, beautiful Des Moines, into the thriving metropolis we see today.

I imagine I speak for many when I say how incredibly grateful I am for Bill's donation of land to our State, which was used for Iowa's first and only veterans cemetery in Van Meter. Thanks to Bill's generosity, our veterans in Iowa, who have so selflessly served our country, have a final resting place. It is truly hallowed ground. We, as Iowans, have a place to honor our country's heroes.

But his generosity to Iowa's veterans didn't stop. He was instrumental in the creation of the Veterans Reception Center in Van Meter, where families

and friends gather and pay their respects following the burial of a loved one or friend. It has helped bring the community of Van Meter, my hometown, together.

Mr. Speaker, it is an honor to represent Iowans like Bill in the United States Congress. He is generous, he is thoughtful, he doesn't forget where he came from, and he has spent a lifetime embodying Iowan values. He has given so much, he continues to give selflessly, and he puts others before himself in ways that we will probably never know. But that is okay if we don't know. He gives because it is the right thing to do. He is a humble soul with a big heart.

I ask that my colleagues in the United States House of Representatives join me in honoring Bill, an Iowa hero and legend.

Thank you and congratulations, Bill. We are proud of you.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 21 minutes p.m.), the House stood in recess.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. THORNBERRY) at 2 p.m.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer: Almighty and merciful God, we give You thanks for giving us another day.

You are the shepherd of souls. During the 114th Congress, many guest chaplains have led the House in prayer. Today, we wish to lift up these leaders and their faith communities across this country.

Their prayers for this Nation and its government lingers in this room. Bless them for their efforts to renew people in faith, hope, and love. Inspire them as they preach and guide Your people in so many districts of this Nation.

May they never lord it over those assigned to them, but instead, be examples of servant leadership to all in the flock. And when Your glory is revealed, chief shepherd of us all, may all leaders in faith and government receive the unfading crown of glory.

Bless us this day and every day, and may all we do be for Your greater honor and glory.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause one, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Michigan (Mr. KILDEE) come forward and lead the House in the Pledge of Allegiance.

Mr. KILDEE led the Pledge of Allegiance as follows:

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

COMMEMORATING VIETNAM VETERANS APPRECIATION DAY

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, last Friday, May 6, marked Vietnam Veterans Appreciation Day, a day set aside by law in South Carolina to remember and thank our brave soldiers that fought heroically in the Vietnam war. To mark this day, the Combat Veterans Group held a Day of Remembrance ceremony to honor local Vietnam veterans across the State for their service.

I was grateful to join them and pay tribute to the courage and sacrifice of our veterans. I appreciate the service of Commander of the South Carolina Combat Veterans Group Tommy Olds, featured speaker retired Captain Walter Allen Mouzon, and Executive Director Renee Joy. The program was inspiring and uplifting for dedicated Vietnam veterans.

While serving as chairman of the Military Personnel Subcommittee of the House Armed Services Committee, I have visited Vietnam twice to monitor U.S.-Vietnamese efforts to recover MIAs. I was pleasantly surprised to find a deep affection by the Vietnamese for American servicemembers and a desire for stronger American-Vietnamese relationships of friendship.

I am especially grateful for the Vietnam service of the late Captain Michael Alan McCrory, Sr., a VMI graduate, of McLean, Virginia.

In conclusion, God bless our troops and may the President by his actions never forget September the 11th in the global war on terrorism.

HOUSE REPUBLICANS ARE FAILING TO DO THEIR JOB

(Mr. KILDEE asked and was given permission to address the House for 1 minute.)

Mr. KILDEE. Mr. Speaker, here we are back again, another week in Congress where Republicans in Congress continue to fail to do their job to act to protect American families in crisis.

Whether it is the ongoing water crisis in my hometown of Flint or the threat of the Zika virus, the American people look to us for action. They deserve action to protect American families. In my own hometown of 100,000

people, the people still cannot drink their water. It is a disaster.

Typically, as Americans, we come together to act. It is this body that brings us together as a Congress to act to protect Americans in their moment of greatest need. Yet, Republicans in Congress fail to do their job.

My bill, the Families of Flint Act, would provide relief evenly divided between the Federal and State government. No hearings in committee, no votes on the floor of the House of Representatives. The American people deserve a Congress that will do its job and will act on their interests.

Mr. Speaker, I ask that we immediately take up my bill.

HOUSTON FIRE DEPARTMENT ANSWERS THE ALARM

(Mr. POE of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POE of Texas. Mr. Speaker, last Thursday, a chemical warehouse in my Texas district exploded into a startling inferno. Fiery containers of chemicals shot into the air like rockets. The smoke and heat were intense. But the Houston Fire Department quickly answered the alarm.

Mr. Speaker, over 200 firefighters from 32 fire stations responded to the hellish inferno. Spring Branch Elementary and nearby homes were evacuated. But the smoke and fire were conquered. The school and homes were saved. Not one person was injured.

Mr. Speaker, firefighters are a special breed. They risk their lives to save our lives. They restore order from chaos. These firefighters are to be thanked and appreciated. Firefighter courage and dedication to protecting us is part of what makes them a special breed.

While others flee in haste of impending danger, the firefighter, with sirens, red lights, horns, red and white trucks, charge into the jaws of heat, smoke, and fire to defeat and conquer danger.

Mr. Speaker, Houston firefighters answered the alarm—they always answer the alarm.

And that is just the way it is.

SALUTING HOUSTON MAYOR SYLVESTER TURNER

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, I rise to salute a caring mayor, the mayor of the city of Houston, Mayor Sylvester Turner.

Over the last couple of months, which is the first of his term, many challenges have confronted his administration, one of which was the terrible, devastating floods of mid-April when so many thousands, many of them mothers and children, were displaced in my congressional district. Because of those terrible storms, \$400

million of cars were lost, people lost their jobs, and businesses were destroyed.

Mayor Turner continued to be that caring, steady hand working across political lines, working with the county judge, working with council members, and the Federal Government. One thing that he steadily did was listen to the council and the advice of his staff as I sat in meetings, taking ideas, establishing a relief fund, joining now with the Osteens in Lakewood, and having this wonderful concert to continue to provide relief, but yet showing the caring and loving nurturing of a father.

In the midst of all of this, he lost a dear brother, a Vietnam vet. But steady, strong, and determined, he continued to nurture those who could not help themselves.

What a pleasure to be able to work with a mayor, one who is ready to listen and to be able to answer the concerns of a constituency, but make hard decisions.

I salute you, Mayor Turner, as someone who cares about our city, and works with all of us to make their lives better and our city the best.

ONLY 6 PERCENT OF AMERICANS TRUST THE MEDIA

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, Americans' confidence in the national media continues to erode.

A Media Insight Project poll found that only 6 percent now say they have a great deal of confidence in the media. Americans are rightfully skeptical of the news they receive, as they believe it is riddled with inaccuracies and bias.

Nearly 90 percent say it is important for the media to get their facts correct in their news reports, which they often do not. Many said the media coverage of a particular event was one-sided. One respondent commented that, "I'm also a bit scared for what other things they have gotten wrong or only given half-truths to."

Media bias is both real and unfortunate. Americans will continue to distrust the national liberal media until the media stops telling them what to think.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, May 10, 2016.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of

the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on May 10, 2016 at 9:26 a.m.:

That the Senate passed without amendment H.R. 4238.

That the Senate passed S. 546.

That the Senate agreed to S. Res. 457.

That the Senate agreed to S. Res. 458.

With best wishes, I am

Sincerely,

KAREN L. HAAS.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 3:30 p.m. today.

Accordingly (at 2 o'clock and 10 minutes p.m.), the House stood in recess.

□ 1530

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee) at 3 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

FALLEN HEROES FLAG ACT OF 2016

Mr. NUGENT. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2755) to provide Capitol-flown flags to the immediate family of firefighters, law enforcement officers, members of rescue squads or ambulance crews, and public safety officers who are killed in the line of duty.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2755

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Fallen Heroes Flag Act of 2016".

SEC. 2. DEFINITIONS.

In this Act—

(1) the term "Capitol-flown flag" means a flag of the United States flown over the Capitol in honor of the deceased individual for whom the flag is requested;

(2) the terms "chaplain", "firefighter", "law enforcement officer", "member of a rescue squad or ambulance crew", and "public agency" have the meanings given such terms in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796b);

(3) the term "immediate family member", with respect to an individual, means—

(A) the spouse, parent, brother, sister, or child of the individual or a person to whom the individual stands in loco parentis; or

(B) any other person related to the individual by blood or marriage;

(4) the term "public safety officer" means an individual serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, as a firefighter, or as a chaplain; and

(5) the term "Representative" includes a Delegate or Resident Commissioner to the Congress.

SEC. 3. PROVIDING CAPITOL-FLOWN FLAGS FOR FAMILIES OF FALLEN HEROES.

(a) IN GENERAL.—At the request of an immediate family member of a firefighter, law enforcement officer, member of a rescue squad or ambulance crew, or public safety officer who died in the line of duty, the Representative or Senator of the family may provide to the family a Capitol-flown flag, together with the certificate described in subsection (c).

(b) NO COST TO FAMILY.—A Capitol-flown flag provided under this section shall be provided at no cost to the family.

(c) CERTIFICATE.—The certificate described in this subsection is a certificate which is signed by the Speaker of the House of Representatives and the Representative, or the President pro tempore of the Senate and the Senator, providing the Capitol-flown flag, as applicable, and which contains an expression of sympathy for the family involved from the House of Representatives or the Senate, as applicable.

SEC. 4. REGULATIONS AND PROCEDURES.

(a) IN GENERAL.—Not later than 30 days after the date of enactment of this Act, the Architect of the Capitol shall issue regulations for carrying out this Act, including regulations to establish procedures (including any appropriate forms, guidelines, and accompanying certificates) for requesting a Capitol-flown flag.

(b) REVIEW.—The regulations issued under subsection (a) shall take effect upon approval by the Committee on House Administration of the House of Representatives and the Committee on Rules and Administration of the Senate.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated for each of fiscal years 2017 through 2022 such sums as may be necessary to carry out this Act, to be derived from amounts appropriated in each such fiscal year for the operation of the Architect of the Capitol, except that the aggregate amount appropriated to carry out this Act for all such fiscal years may not exceed \$40,000.

SEC. 6. EFFECTIVE DATE.

This Act shall take effect on the date of enactment of this Act, except that a Capitol-flown flag may not be provided under section 3 until the regulations issued under section 4(a) take effect in accordance with section 4(b).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. NUGENT) and the gentleman from New Jersey (Mr. PASCRELL) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. NUGENT. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include extraneous matter in the RECORD on the consideration of this bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. NUGENT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of S. 2755, the Fallen Heroes Flag Act. The bill before us would allow Members of Congress to honor our heroes with a United States flag flown over this Capitol. These brave individuals include firefighters, law enforcement officers, and members of rescue squads and ambulance crews. The measure gives us the opportunity to express our Nation's gratitude towards those who have answered the call to serve and protect our communities.

Our Nation's flag flown in their honor would also include a congressional certificate signed by both the Speaker of the House and the individual's Representative or the President pro tempore of the Senate and the Senator who is providing the flag for the family.

When most people are running away from danger, our Nation's first responders run towards it. Whether it is a firefighter rushing into a burning building, an EMT responding at high speed to save someone's life, or a police officer pursuing a routine traffic stop, the job puts these individuals in harm's way on a daily basis.

As our local communities know all too well, in far too many cases, brave men and women have paid the ultimate sacrifice to keep us safe in America. I stand here today with my colleagues to thank each responder for their service and dedication to their communities. They answer our calls for help. As an institution and as a nation, it is right for us to remember the sacrifice and honor that these individuals make for America's families.

As a 38-year veteran of law enforcement myself, it is a special honor to be able to stand here today and usher this legislation forward. I want to thank all of those who helped make this possible.

Mr. Speaker, I reserve the balance of my time.

Mr. PASCRELL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank my friend from Florida, a former sheriff himself.

I rise today in strong support of S. 2755, the Fallen Heroes Flag Act of 2016.

I want to thank, also, Congressman PETER KING, who has been a strong supporter of the first responder community and for championing this issue for many, many years. I want to thank Senator ROY BLUNT and Senator CHUCK SCHUMER for helping move this bill through the Senate.

This bipartisan legislation will create a program to provide flags flown over the United States Capitol to the family members of public safety officers who are killed in the line of duty at no cost to the family.

Our first responders make tremendous sacrifices to keep our communities safe. Should one of those brave men or women make the ultimate sac-

rifice, the least we can do to recognize their contributions to society, show our gratitude for their service, and express our sympathy to their families for their loss is present them with a flag flown over the United States Capitol.

This bill has the strong support of the National Fraternal Order of Police and the Sergeants Benevolent Association.

Mr. Speaker, I urge my colleagues to support swift passage of this bipartisan legislation so we can send it on to the President for his signature.

Mr. Speaker, as the co-chair of law enforcement issues in the Congress, I cannot support this enough. This is a very important piece of legislation and will do a lot in terms of goodwill.

Mr. Speaker, I yield back the balance of my time.

Mr. NUGENT. Mr. Speaker, I yield myself the balance of my time.

I want to thank the gentleman from New Jersey for his support. We in law enforcement—and I still say "we in law enforcement"—do appreciate it any time Congress reaches out and does something positive for our law enforcement families, even though it is after the fact.

This is one of those times where, as sheriff, I had to preside over in-the-line-of-duty deaths. As a rookie police officer outside of Chicago, my first year on the job, one of the guys that I went to the academy with was shot and killed. I moved to Florida and became a deputy sheriff and rose up the ranks to sheriff.

One of the things that I always worried about as a father and as a husband was: What am I leaving to my family? How are they going to be taken care of in the future? And what is going on in this country today in regards to belittling law enforcement? Trust me, we make mistakes, and I think that reasonable people understand that; but when you condemn a whole profession, it is unconscionable.

I think this is the type of thing that we need to do. I do appreciate this is very bipartisan in nature and that it is really lifting up all of our first responders. We think back to 9/11, when those firemen and police officers rushed into the Twin Towers and those that lost their lives as others were leaving the towers toward safety. They did the unthinkable, and that is to rush into a burning building. Or they rush in somewhere where they know there is an armed intruder. They do it on a daily basis. They don't ask for much, but we as Members of Congress really stand up for them and their families by this simple act.

This is not a huge, huge thing, but I will tell you what; to a grieving family, it is a small token of the appreciation that the United States of America, this Congress and the Senate, can bestow on a family in their deepest sorrow. It is not going to bring back their loved one, but I will tell you, they are going to look at that flag and remember the

fallen and how great a person they were.

So it is not just what we do today; it is really about what has happened. The gentleman from New Jersey talked about the Senate; and Mr. KING, from this House, from New York, moved this legislation through. It has been a pleasure to stand here today, to come here today and talk for all those who can't talk for themselves; they can't speak for themselves.

My 38 years in law enforcement was probably the best time of my life because I was actually doing something and protecting people on a regular basis. I can't think of a greater honor than to fly a flag of this Nation over this Capitol and give that to the grieving family of a fallen first responder. Mr. Speaker, knowing that this institution is behind them, so stand the American people.

Mr. Speaker, I urge my colleagues to support this legislation. I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of S. 2755, the "Fallen Heroes Flag Act of 2016," which allows Members and Senators, at the request of an immediate family member of a fallen emergency responder, to have a flag flown above the United States Capitol in their memory.

As a senior member of the House Committee on Homeland Security, I am intimately aware, as are my colleagues, of the great sacrifices made by our emergency responders.

This is why I am proud that earlier this Congress the House passed H.R. 2795, the FRIENDS Act, which I introduced.

I introduced the FRIENDS Act because it embodied the important and fundamental idea that we have an obligation to ensure that the first responders who protect our loved ones in emergencies, have the peace of mind that comes from knowing that their loved ones are safe while they do their duty.

S. 2755 and the FRIENDS Act embody the spirit of bipartisanship that is needed in this Congress.

These brave men and women who risk everything by running towards danger should be honored by this Congress by streamlining the process to have a flag flown above the U.S. Capitol in their memory.

Let us not forget the 15 brave volunteer firefighters who perished in the city of West, Texas, in 2013 when a fertilizer plant exploded.

This tragedy serves as a reminder of the risks and dangers undertaken each day by our firefighters and other first responders to keep us safe.

Since 1996 in the city of Houston there have been 20 firefighters that have lost their lives protecting others.

They are District Chief Ruben Lopez, Firefighter Steven C. Mayfield, Firefighter Lewis E. Mayo III, Firefighter Kimberly A. Smith, Captain Jay Paul Jahnke, Probationary Firefighter Kevin Wayne Kulow, Captain Grady Don Burke, Assistant Chief David Louis Moore, Captain James Arthur Harlow Sr., Captain Damion Jon Hobbs, Cadet Firefighter Cohnway Matthew Johnson, Captain Thomas William Dillion, Engineer Operator Robert Ryan Bebee, Firefighter/EMT Robert Herman Garner, IV, Captain Matthew Rena Renaud,

Firefighter Anne McCormick Sullivan, Firefighter Daniel D Groover, Captain Dwight "B.B." W Bazile, Firefighter Richard J Cano, and Cadet Steven Whitfield II.

Since 1860, 109 Houston Police officers have fallen in the line of duty.

In 2015 officer Richard K. Martin was killed when he was intentionally struck with a car when he was laying down spike strips during a pursuit.

I have on many occasions requested that U.S. Flags be flown above the Capitol in the memory of fallen first responders and presented them to the family members.

First responders are called to serve and few outside of their ranks can understand why they do the work that they do each day placing their lives in harm's way to save a stranger.

The greatest example of the selflessness of first responders was the hundreds of fire fighters, law enforcement officers, emergency management service personnel, port authority workers, and federal officers and agents who rushed into the Twin Towers on September 11th 2001, to save lives.

On that terrible day 366 first responders sacrificed their lives so others may live.

Mr. Speaker, I support S. 2755 because this bill streamlines the process to have a flag flown in the memory of the fallen emergency responders in this country.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. NUGENT) that the House suspend the rules and pass the bill, S. 2755.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

PROMOTING RESPONSIBLE OPIOID MANAGEMENT AND INCORPORATING SCIENTIFIC EXPERTISE ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4063) to improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4063

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Promoting Responsible Opioid Management and Incorporating Scientific Expertise Act" or the "Jason Simcakoski PROMISE Act".

SEC. 2. IMPROVEMENT OF OPIOID SAFETY MEASURES BY DEPARTMENT OF VETERANS AFFAIRS.

(a) EXPANSION OF OPIOID SAFETY INITIATIVE.—

(1) INCLUSION OF ALL MEDICAL FACILITIES.— Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall expand the Opioid Safety

Initiative of the Department of Veterans Affairs to include all medical facilities of the Department.

(2) GUIDANCE.—The Secretary shall establish guidance that each health care provider of the Department of Veterans Affairs, before initiating opioid therapy to treat a patient as part of the comprehensive assessment conducted by the health care provider, use the Opioid Therapy Risk Report tool of the Department of Veterans Affairs (or any subsequent tool), which shall include information from the prescription drug monitoring program of each participating State as applicable, that includes the most recent information to date relating to the patient that accessed such program to assess the risk for adverse outcomes of opioid therapy for the patient, including the concurrent use of controlled substances such as benzodiazepines, as part of the comprehensive assessment conducted by the health care provider.

(3) ENHANCED STANDARDS.—The Secretary shall establish enhanced standards with respect to the use of routine and random urine drug tests for all patients before and during opioid therapy to help prevent substance abuse, dependence, and diversion, including—

(A) that such tests occur not less frequently than once each year; and

(B) that health care providers appropriately order, interpret and respond to the results from such tests to tailor pain therapy, safeguards, and risk management strategies to each patient.

(b) PAIN MANAGEMENT EDUCATION AND TRAINING.—

(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the Secretary shall require all employees of the Department responsible for prescribing opioids to receive education and training described in paragraph (2).

(2) EDUCATION AND TRAINING.—Education and training described in this paragraph is education and training on pain management and safe opioid prescribing practices for purposes of safely and effectively managing patients with chronic pain, including education and training on the following:

(A) The implementation of and full compliance with the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any update to such guideline.

(B) The use of evidence-based pain management therapies, including cognitive-behavioral therapy, non-opioid alternatives, and non-drug methods and procedures to managing pain and related health conditions including medical devices approved or cleared by the Food and Drug Administration for the treatment of patients with chronic pain and complementary alternative medicines.

(C) Screening and identification of patients with substance use disorder, including drug-seeking behavior, before prescribing opioids, assessment of risk potential for patients developing an addiction, and referral of patients to appropriate addiction treatment professionals if addiction is identified or strongly suspected.

(D) Communication with patients on the potential harm associated with the use of opioids and other controlled substances, including the need to safely store and dispose of supplies relating to the use of opioids and other controlled substances.

(E) Such other education and training as the Secretary considers appropriate to ensure that veterans receive safe and high-quality pain management care from the Department.

(3) USE OF EXISTING PROGRAM.—In providing education and training described in paragraph (2), the Secretary shall use the Interdisciplinary Chronic Pain Management Training Team Program of the Department (or success program).

(c) PAIN MANAGEMENT TEAMS.—

(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the director of each medical facility of the Department shall identify and designate a pain management team of health care professionals, which may include board certified pain medicine specialists, responsible for coordinating and overseeing pain management therapy at such facility for patients experiencing acute and chronic pain that is non-cancer related.

(2) ESTABLISHMENT OF PROTOCOLS.—

(A) IN GENERAL.—In consultation with the Directors of each Veterans Integrated Service Network, the Secretary shall establish standard protocols for the designation of pain management teams at each medical facility within the Department.

(B) CONSULTATION ON PRESCRIPTION OF OPIOIDS.—Each protocol established under subparagraph (A) shall ensure that any health care provider without expertise in prescribing analgesics or who has not completed the education and training under subsection (b), including a mental health care provider, does not prescribe opioids to a patient unless that health care provider—

(i) consults with a health care provider with pain management expertise or who is on the pain management team of the medical facility; and

(ii) refers the patient to the pain management team for any subsequent prescriptions and related therapy.

(3) REPORT.—

(A) IN GENERAL.—Not later than one year after the date of enactment of this Act, the director of each medical facility of the Department shall submit to the Under Secretary for Health and the director of the Veterans Integrated Service Network in which the medical facility is located a report identifying the health care professionals that have been designated as members of the pain management team at the medical facility pursuant to paragraph (1).

(B) ELEMENTS.—Each report submitted under subparagraph (A) with respect to a medical facility of the Department shall include—

(i) a certification as to whether all members of the pain management team at the medical facility have completed the education and training required under subsection (b);

(ii) a plan for the management and referral of patients to such pain management team if health care providers without expertise in prescribing analgesics prescribe opioid medications to treat acute and chronic pain that is non-cancer related; and

(iii) a certification as to whether the medical facility—

(I) fully complies with the stepped-care model of pain management and other pain management policies contained in Directive 2009-053 of the Veterans Health Administration, or successor directive; or

(II) does not fully comply with such stepped-care model of pain management and other pain management policies but is carrying out a corrective plan of action to ensure such full compliance.

(d) TRACKING AND MONITORING OF OPIOID USE.—

(1) PRESCRIPTION DRUG MONITORING PROGRAMS OF STATES.—In carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool of the Department, the Secretary shall—

(A) ensure access by health care providers of the Department to information on controlled substances, including opioids and benzodiazepines, prescribed to veterans who receive care outside the Department through the prescription drug monitoring program of each State with such a program, including by seeking to enter into memoranda of understanding with States to allow shared access of such information between States and the Department;

(B) include such information in the Opioid Therapy Risk Report; and

(C) require health care providers of the Department to submit to the prescription drug monitoring program of each State information on prescriptions of controlled substances received by veterans in that State under the laws administered by the Secretary.

(2) REPORT ON TRACKING OF DATA ON OPIOID USE.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the feasibility and advisability of improving the Opioid Therapy Risk Report tool of the Department to allow for more advanced real-time tracking of and access to data on—

(A) the key clinical indicators with respect to the totality of opioid use by veterans;

(B) concurrent prescribing by health care providers of the Department of opioids in different health care settings, including data on concurrent prescribing of opioids to treat mental health disorders other than opioid use disorder; and

(C) mail-order prescriptions of opioid prescribed to veterans under the laws administered by the Secretary.

(e) AVAILABILITY OF OPIOID RECEPTOR ANTAGONISTS.—

(1) INCREASED AVAILABILITY AND USE.—

(A) IN GENERAL.—The Secretary shall maximize the availability of opioid receptor antagonists approved by the Food and Drug Administration, including naloxone, to veterans.

(B) AVAILABILITY, TRAINING, AND DISTRIBUTING.—In carrying out subparagraph (A), not later than 90 days after the date of the enactment of this Act, the Secretary shall—

(i) equip each pharmacy of the Department with opioid receptor antagonists approved by the Food and Drug Administration to be dispensed to outpatients as needed; and

(ii) expand the Overdose Education and Naloxone Distribution program of the Department to ensure that all veterans in receipt of health care under laws administered by the Secretary who are at risk of opioid overdose may access such opioid receptor antagonists and training on the proper administration of such opioid receptor antagonists.

(C) VETERANS WHO ARE AT RISK.—For purposes of subparagraph (B), veterans who are at risk of opioid overdose include—

(i) veterans receiving long-term opioid therapy;

(ii) veterans receiving opioid therapy who have a history of substance use disorder or prior instances of overdose; and

(iii) veterans who are at risk as determined by a health care provider who is treating the veteran.

(2) REPORT.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on carrying out paragraph (1), including an assessment of any remaining steps to be carried out by the Secretary to carry out such paragraph.

(f) INCLUSION OF CERTAIN INFORMATION AND CAPABILITIES IN OPIOID THERAPY RISK REPORT TOOL OF THE DEPARTMENT.—

(1) INFORMATION.—The Secretary shall include in the Opioid Therapy Risk Report tool of the Department—

(A) information on the most recent time the tool was accessed by a health care provider of the Department with respect to each veteran; and

(B) information on the results of the most recent urine drug test for each veteran.

(2) CAPABILITIES.—The Secretary shall include in the Opioid Therapy Risk Report tool the ability of the health care providers of the Department to determine whether a health care provider of the Department prescribed opioids to a veteran without checking the information in the tool with respect to the veteran.

(g) NOTIFICATIONS OF RISK IN COMPUTERIZED HEALTH RECORD.—The Secretary shall modify the computerized patient record system of the Department to ensure that any health care provider that accesses the record of a veteran, regardless of the reason the veteran seeks care from the health care provider, will be immediately notified whether the veteran—

(1) is receiving opioid therapy and has a history of substance use disorder or prior instances of overdose;

(2) has a history of opioid abuse; or

(3) is at risk of becoming an opioid abuser as determined by a health care provider who is treating the veteran.

(h) DEFINITIONS.—In this section:

(1) The term “controlled substance” has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(2) The term “State” means each of the several States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

SEC. 3. STRENGTHENING OF JOINT WORKING GROUP ON PAIN MANAGEMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the Pain Management Working Group of the Health Executive Committee of the Department of Veterans Affairs—Department of Defense Joint Executive Committee (Pain Management Working Group) established under section 320 of title 38, United States Code, includes a focus on the following:

(1) The opioid prescribing practices of health care providers of each Department.

(2) The ability of each Department to manage acute and chronic pain among individuals receiving health care from the Department, including training health care providers with respect to pain management.

(3) The use by each Department of complementary and integrative health and complementary alternative medicines in treating such individuals.

(4) The concurrent use by health care providers of each Department of opioids and prescription drugs to treat mental health disorders, including benzodiazepines.

(5) The practice by health care providers of each Department of prescribing opioids to treat mental health disorders.

(6) The coordination in coverage of and consistent access to medications prescribed for patients transitioning from receiving health care from the Department of Defense to receiving health care from the Department of Veterans Affairs.

(7) The ability of each Department to identify and treat substance use disorders among individuals receiving health care from that Department.

(b) **COORDINATION AND CONSULTATION.**—The Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the working group described in subsection (a)—

(1) coordinates the activities of the working group with other relevant working groups established under section 320 of title 38, United States Code;

(2) consults with other relevant Federal agencies with respect to the activities of the working group; and

(3) consults with the Department of Veterans Affairs and the Department of Defense with respect to, reviews, and comments on the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, or any successor guideline, before any update to the guideline is released.

(c) **CLINICAL PRACTICE GUIDELINES.**—

(1) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense shall issue an update to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

(2) **MATTERS INCLUDED.**—In conducting the update under subsection (a), the Pain Management Working Group, in coordination with the Clinical Practice Guideline VA/DoD Management of Opioid Therapy for Chronic Pain Working Group, shall examine whether the Clinical Practical Guideline should include the following:

(A) Enhanced guidance with respect to—

(i) the coadministration of an opioid and other drugs, including benzodiazepines, that may result in life-limiting drug interactions;

(ii) the treatment of patients with current acute psychiatric instability or substance use disorder or patients at risk of suicide; and

(iii) the use of opioid therapy to treat mental health disorders other than opioid use disorder.

(B) Enhanced guidance with respect to the treatment of patients with behaviors or comorbidities, such as post-traumatic stress disorder or other psychiatric disorders, or a history of substance abuse or addiction, that requires a consultation or comanagement of opioid therapy with one or more specialists in pain management, mental health, or addictions.

(C) Enhanced guidance with respect to health care providers—

(i) conducting an effective assessment for patients beginning or continuing opioid therapy, including understanding and setting realistic goals with respect to achieving and maintaining an expected level of pain relief, improved function, or a clinically appropriate combination of both; and

(ii) effectively assessing whether opioid therapy is achieving or maintaining the established treatment goals of the patient or whether the patient and health care provider should discuss adjusting, augmenting, or discontinuing the opioid therapy.

(D) Guidelines to govern the methodologies used by health care providers of the Department of Veterans Affairs and the Department of Defense to taper opioid therapy when adjusting or discontinuing the use of opioid therapy.

(E) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition between inpatient and outpatient health care settings, which may include the use of care transition plans.

(F) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition from receiving care during active duty to post-military health care networks.

(G) Guidelines with respect to providing options, before initiating opioid therapy, for

pain management therapies without the use of opioids and options to augment opioid therapy with other clinical and complementary and integrative health services to minimize opioid dependence.

(H) Guidelines with respect to the provision of evidence-based non-opioid treatments within the Department of Veterans Affairs and the Department of Defense, including medical devices and other therapies approved or cleared by the Food and Drug Administration for the treatment of chronic pain as an alternative to or to augment opioid therapy.

SEC. 4. REVIEW, INVESTIGATION, AND REPORT ON USE OF OPIOIDS IN TREATMENT BY DEPARTMENT OF VETERANS AFFAIRS.

(a) **COMPTROLLER GENERAL REPORT.**—

(1) **IN GENERAL.**—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Opioid Safety Initiative of the Department of Veterans Affairs and the opioid prescribing practices of health care providers of the Department.

(2) **ELEMENTS.**—The report submitted under paragraph (1) shall include the following:

(A) Recommendations on such improvements to the Opioid Safety Initiative of the Department as the Comptroller General considers appropriate.

(B) Information with respect to—

(i) deaths resulting from sentinel events involving veterans prescribed opioids by a health care provider of the Department;

(ii) overall prescription rates and prescription indications of opioids to treat non-cancer, non-palliative, and non-hospice care patients;

(iii) the prescription rates and prescription indications of benzodiazepines and opioids concomitantly by health care providers of the Department;

(iv) the practice by health care providers of the Department of prescribing opioids to treat patients without any pain, including to treat patients with mental health disorders other than opioid use disorder; and

(v) the effectiveness of opioid therapy for patients receiving such therapy, including the effectiveness of long-term opioid therapy.

(C) An evaluation of processes of the Department in place to oversee opioid use among veterans, including procedures to identify and remedy potential over-prescribing of opioids by health care providers of the Department.

(D) An assessment of the implementation by the Secretary of the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

(b) **QUARTERLY PROGRESS REPORT ON IMPLEMENTATION OF COMPTROLLER GENERAL RECOMMENDATIONS.**—Not later than two years after the date of the enactment of this Act, and not later than 30 days after the end of each quarter thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a progress report detailing the actions by the Secretary during the period covered by the report to address any outstanding findings and recommendations by the Comptroller General of the United States under subsection (a) with respect to the Veterans Health Administration.

(c) **ANNUAL REVIEW OF PRESCRIPTION RATES.**—Not later than one year after the date of the enactment of this Act, and not less frequently than annually for the following five years, the Secretary shall submit

to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report, with respect to each medical facility of the Department of Veterans Affairs, to collect and review information on opioids prescribed by health care providers at the facility to treat non-cancer, non-palliative, and non-hospice care patients that contains, for the one-year period preceding the submission of the report, the following:

(1) The number of patients and the percentage of the patient population of the Department who were prescribed benzodiazepines and opioids concurrently by a health care provider of the Department.

(2) The number of patients and the percentage of the patient population of the Department without any pain who were prescribed opioids by a health care provider of the Department, including those who were prescribed benzodiazepines and opioids concurrently.

(3) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were treated with opioids by a health care provider of the Department on an inpatient-basis and who also received prescription opioids by mail from the Department while being treated on an inpatient-basis.

(4) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were prescribed opioids concurrently by a health care provider of the Department and a health care provider that is not health care provider of the Department.

(5) With respect to each medical facility of the Department, information on opioids prescribed by health care providers at the facility to treat non-cancer, non-palliative, and non-hospice care patients, including information on—

(A) the prescription rate at which each health care provider at the facility prescribed benzodiazepines and opioids concurrently to such patients and the aggregate such prescription rate for all health care providers at the facility;

(B) the prescription rate at which each health care provider at the facility prescribed benzodiazepines or opioids to such patients to treat conditions for which benzodiazepines or opioids are not approved treatment and the aggregate such prescription rate for all health care providers at the facility;

(C) the prescription rate at which each health care provider at the facility prescribed or dispensed mail-order prescriptions of opioids to such patients while such patients were being treated with opioids on an inpatient-basis and the aggregate of such prescription rate for all health care providers at the facility; and

(D) the prescription rate at which each health care provider at the facility prescribed opioids to such patients who were also concurrently prescribed opioids by a health care provider that is not a health care provider of the Department and the aggregate of such prescription rates for all health care providers at the facility.

(6) With respect to each medical facility of the Department, the number of times a pharmacist at the facility overrode a critical drug interaction warning with respect to an interaction between opioids and another medication before dispensing such medication to a veteran.

(d) **INVESTIGATION OF PRESCRIPTION RATES.**—If the Secretary determines that a prescription rate with respect to a health care provider or medical facility of the Department conflicts with or is otherwise inconsistent with the standards of appropriate and safe care, the Secretary shall—

(1) immediately notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives of such determination, including information relating to such determination, prescription rate, and health care provider or medical facility, as the case may be; and

(2) through the Office of the Medical Inspector of the Veterans Health Administration, conduct a full investigation of the health care provider or medical facility, as the case may be.

(e) **PRESCRIPTION RATE DEFINED.**—In this section, the term “prescription rate” means, with respect to a health care provider or medical facility of the Department, each of the following:

(1) The number of patients treated with opioids by the health care provider or at the medical facility, as the case may be, divided by the total number of pharmacy users of that health care provider or medical facility.

(2) The average number of morphine equivalents per day prescribed by the health care provider or at the medical facility, as the case may be, to patients being treated with opioids.

(3) Of the patients being treated with opioids by the health care provider or at the medical facility, as the case may be, the average number of prescriptions of opioids per patient.

SEC. 5. MANDATORY DISCLOSURE OF CERTAIN VETERAN INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

Section 5701(1) of title 38, United States Code, is amended by striking “may” and inserting “shall”.

SEC. 6. MODIFICATION TO LIMITATION ON AWARDS AND BONUSES.

Section 705 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 703 note) is amended to read as follows:

“SEC. 705. LIMITATION ON AWARDS AND BONUSES PAID TO EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.

“The Secretary of Veterans Affairs shall ensure that the aggregate amount of awards and bonuses paid by the Secretary in a fiscal year under chapter 45 or 53 of title 5, United States Code, or any other awards or bonuses authorized under such title or title 38, United States Code, does not exceed the following amounts:

“(1) With respect to each of fiscal years 2017 through 2021, \$230,000,000.

“(2) With respect to each of fiscal years 2022 through 2024, \$360,000,000.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from North Carolina (Mr. BUTTERFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend or add any extra-neous material to their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4063, as amended, the Pro-

moting Responsible Opioid Management and Incorporating Scientific Expertise—or the Jason Simcakoski PROMISE—Act.

When our Nation's servicemembers transition from military life to civilian life, they carry with them the skills, experiences, memories, and relationships that will last a lifetime. Unfortunately, many of them also carry significant pain as a result of injuries that they incurred while in service to this great Nation.

Veterans, in general, experience chronic pain at a higher rate than their nonveteran counterparts. What is more, chronic pain is one of the most frequent conditions facing the veterans of Iraq and Afghanistan.

Effectively managing this pain, which often occurs alongside a number of other comorbid conditions, is a challenge for which the Department of Veterans Affairs has been increasingly turning to opioid-based medications to meet that challenge.

Now, while opioids, when used appropriately, can be effective in treating pain, opioid medications are extremely high risk. Unfortunately, VA's own research has found that veterans are at an increased risk for many adverse outcomes that may accompany opioid use, including substance abuse, overdose, and self-inflicted injuries.

Given that, VA's recent reliance on opioid medications to manage veteran pain is alarming. According to a CBS News report on VA data, the number of opioid prescriptions written by VA providers rose an astonishing 259 percent from 2002 to 2013. During that same time period, VA's total patient population increased only 29 percent.

The sad reality behind an overreliance on opioids became apparent at the VA Medical Center at Tomah, Wisconsin, last year. In response to a series of complaints made in 2011 and 2012, the VA Office of the Inspector General conducted a review of alleged inappropriate prescribing of controlled substances and abuse of authority at the Tomah VA Medical Center. The IG found that the number of opioids prescribed in Tomah was “at considerable variance” with the other VA medical facilities in that region and was a cause for “potentially serious concerns.”

□ 1545

It is no wonder that the veterans being treated in Tomah commonly referred to it as “Candy Land” and to the facility chief of staff as the “Candy Man.” Jason Simcakoski was one veteran who was being treated by the Tomah VA Medical Center.

In August of 2014, Jason died from the combined effect of the multiple prescription medications he received as an in-patient. He put his trust in a system that ultimately failed him.

He left behind a young daughter and a grieving family, some of whom are with us today. Unfortunately, the failures in Tomah, the failures that led to

Jason's death, are not isolated. There are countless others just like him in the VA across this country.

Chronic pain and the conditions that frequently accompany it are undoubtedly complex, and concerns about an overreliance on opioids are certainly not unique to the Department of Veterans Affairs.

But the VA alone has the responsibility to treat our Nation's most heroic citizens, meaning VA does have a unique responsibility to act responsibly.

The bill before us would help the Department do just that by improving and expanding opioid safety initiatives, strengthening the VA/Department of Defense joint working group on pain management, mandating that VA medical facilities disclose information to State-controlled substance monitoring programs, and requiring VA review, investigate, and report on the use of opioids among veteran patients.

The manager's amendment to H.R. 4063 would require the Department and DOD to update their joint clinical practice guidelines for the management of opioid therapy to reflect the latest medical practices.

The bill would also direct VA to ensure that every employee who prescribes opioids receives education and training on pain management and safe prescribing practices and every VA medical facility has a designated pain management team.

It would further require VA to maximize the availability of Food and Drug Administration-approved opioid receptor antagonists to ensure that veterans most at risk of opioid overdose have access to and training on potentially life-saving drugs that can counter the devastating effects of an opioid overdose.

I am grateful to the vice chairman of the full Veterans' Affairs Committee, GUS BILIRAKIS, for sponsoring this legislation. I urge all of my colleagues to join me in supporting it.

I reserve the balance of my time.

COMMITTEE ON ARMED SERVICES,
HOUSE OF REPRESENTATIVES,
Washington, DC, May 9, 2016.

Hon. JEFF MILLER,
Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: I am writing to you concerning the bill H.R. 4063, the Jason Simcakoski PROMISE Act. There are certain provisions in the legislation which fall within the Rule X jurisdiction of the Committee on Armed Services.

In the interest of permitting your committee to proceed expeditiously to floor consideration of this important bill, I am willing to waive this committee's right to sequential referral. I do so with the understanding that by waiving consideration of the bill the Committee on Armed Services does not waive any future jurisdictional claim over the subject matters contained in the bill which fall within its Rule X jurisdiction. I request that you urge the Speaker to name members of this committee to any conference committee which is named to consider such provisions.

Please place this letter into the committee report on H.R. 4063 and into the Congressional Record during consideration of the

measure on the House floor. Thank you for the cooperative spirit in which you have worked regarding this matter and others between our respective committees.

Sincerely,

WILLIAM M. "MAC" THORNBERRY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, May 10, 2016.

Hon. WILLIAM M. "MAC" THORNBERRY,
*Chairman, Committee on Armed Services,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN, Thank you for your letter regarding H.R. 4063, as amended, the Jason Simcakoski PROMISE Act.

I agree that the Committee on Armed Services has valid jurisdictional claims to certain provisions in this legislation and I appreciate your decision not to request a referral in the interest of expediting consideration of the bill.

I agree that by foregoing a sequential referral to H.R. 4063, as amended, the Committee on Armed Services is not waiving its jurisdiction.

This exchange of letters will be included in the Committee's report on H.R. 4063, as amended.

If you have any further questions or concerns, please contact Christine Hill, Staff Director for the Subcommittee on Health.

Thank you for your commitment to the well-being of our nation's veterans.

With warm personal regards, I am,

Sincerely,

JEFF MILLER,
Chairman.

Mr. BUTTERFIELD. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4063, as amended, the Jason Simcakoski PROMISE Act.

I would like to thank my friend from Florida, the vice chair of the committee, Congressman GUS BILIRAKIS, for introducing this bill and for his passionate leadership on this very important issue.

Mr. Speaker, I also would like to take a moment to thank Chairman MILLER for his extraordinary leadership on this bill and on issues that pertain to veterans generally. I thank the chairman so much for all of his work. In fact, the rumor among our colleagues is that he runs the most bipartisan committee on Capitol Hill. I thank him for his leadership.

The epidemic of opioid addiction and overdose deaths is a national problem. It is a public health crisis, Mr. Speaker, that affects constituents living in all of our districts and all of our States.

Opioid use disorder is a chronic relapsing disease of the brain. Yet, the stigma associated with opioid use disorder keeps people from seeking, accessing, or maintaining treatment.

In 2014, according to The New York Times, over 47,000 people died from a drug overdose. That is 125 Americans each day who lost their lives due to addiction or abuse. Of these, more than 61 percent involved opioids.

Across the country, Mr. Speaker, nearly 260 million prescriptions are written for opioids, enough, according to the Centers for Disease Control, for

every American adult to have their own bottle of pills that can be highly, highly addictive.

In my home State of North Carolina, fatal drug overdoses have jumped 75 percent since 2002. According to an article in February from The Charlotte Observer, nearly half of the accidental drug overdose deaths in 2010 were associated with prescriptions that had been filled within 60 days of death.

It is estimated that North Carolina has spent over \$582 million in healthcare costs stemming from opioid abuse. This is nearly \$59 for each man, woman, and child in my home State of North Carolina. This is a healthcare problem, Mr. Speaker, that affects all levels of our society. One of the main drivers is the overprescription of opioids to manage pain.

Veterans are at an even greater risk. The statistics on veterans experiencing chronic pain are absolutely staggering. Over 50 percent of all veterans enrolled and receiving care at VA medical facilities experience chronic pain, with over half a million veterans managing pain with prescribed opioids. Compared to the general population, veterans are prescribed opioids at a much, much higher rate.

But there is a growing awareness that the long-term prescription of opioids to manage chronic pain can have severe and sometimes tragic—yes, tragic—consequences. It has been reported that veterans, our beloved veterans, are twice as likely to die from accidental overdose compared to non-veterans.

As a Member of Congress that represents the "Nation's Most Military Friendly State"—and we like to say that all of the time—and as an Army veteran, as I am myself, I am alarmed and committed to bringing about a solution.

But addressing this crisis will not be easy. The Veterans' Affairs Committee members know that so very well. It is not going to be easy. It will take the work of all of us working together. It will take education. It will take research into more effective and less addictive ways to treat chronic pain.

It will take the combined work, Mr. Speaker, of our States and the Federal Government to address what the CDC has termed "the worst drug addiction epidemic in the country's history," and the chief medical officer of my State's medical board has called it "an unequivocal health crisis."

This bill, Mr. Speaker, we are debating today marks a major step forward, and it will go a very long way in helping to lessen this public health emergency.

Mr. Speaker, I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I yield 5 minutes to the gentleman from Florida (Mr. BILIRAKIS) of the 12th District of Florida, the vice chairman of the full committee, somebody who has been a stalwart on this and many other veteran issues.

Mr. BILIRAKIS. Mr. Speaker, I thank the chairman and the ranking member. I appreciate it.

I rise in support of my bill, H.R. 4063, the Promoting Responsible Opioid Management and Incorporating Scientific Expertise, or the Jason Simcakoski PROMISE Act.

This important bill helps us fulfill our promise to past, current, and future veterans, our true American heroes, Mr. Speaker.

I introduced the PROMISE Act in response to the tragic death of Marine Corps Corporal Jason Simcakoski at the Tomah, Wisconsin, VA Medical Center.

Jason's death, caused by a mixed drug toxicity and the combination of various medications, was an avoidable tragedy. My colleagues and I worked with local veterans, veterans organizations, and other stakeholders to get this done right.

I am honored to discuss the need for this bill in the presence of Jason's family, who join us in the Capitol on this memorable day. We could not do it without them.

The PROMISE Act can't bring Jason and others like him back. But, like Jason's family expressed to me, this will ensure future veterans get the treatment they need for their physical and invisible wounds.

Currently, VA treatment for chronic pain is largely the prescription of opioids without consideration of a patient's personal history or preferences. Unfortunately, there is a lack of data on veteran opioid use. There are also inefficiencies in the VA identifying abuse of opioids and with patient follow-up to determine effectiveness of these drugs on a case-by-case basis.

The PROMISE Act is the congressional action needed to rectify these problems. The PROMISE Act increases safety for opioid therapy and pain management, ensures more transparency at the VA, and encourages more outreach and awareness of the patient advocacy program for veterans.

My bill also acknowledges that VA patient services do not stop at the initial consultation. It requires the VA to maintain realtime tracking of data on opioid use to help prevent overmedication and misuse or overuse of medication.

I want to thank Speaker RYAN; Representative BUTTERFIELD, of course; our great chairman, Mr. MILLER from Florida, a real good friend of mine; Representative KIND, Representative RICE, and many others who supported this bill and worked to make this happen.

I urge my colleagues to support this bill to uphold our commitment and promise to those that pay the ultimate sacrifice.

Mr. BUTTERFIELD. Mr. Speaker, I yield such time as he may consume to the gentleman from Wisconsin (Mr. KIND), and I thank Mr. KIND for coming to the floor. There is not a Member of this body who works harder than him on issues that pertain to veterans.

(Mr. KIND asked and was given permission to revise and extend his remarks.)

Mr. KIND. Mr. Speaker, I thank my good friend from North Carolina for yielding me this time.

Mr. Speaker, I rise in strong support of the Jason Simcakoski PROMISE Act.

Jason was a veteran who unfortunately saw his life end way too soon while receiving treatment at the Tomah VA Medical Center in the heart of my congressional district.

I want to thank, first of all, Subcommittee Chairman BILIRAKIS for the leadership and support that he has shown this legislation. He has been a real joy to work with.

I want to thank Chairman MILLER for the leadership he has provided the committee and for the concern and the attention that he has given to all of our veterans throughout our country.

I want to thank Representative BUTTERFIELD and the other members of the committee for the strong bipartisan support that this legislation enjoys on the floor today.

Jason was born in Stevens Point, Wisconsin, in 1978 in my congressional district. He is the son of Marvin and Linda Simcakoski. He is a graduate of Stevens Point Pacelli High School.

Shortly after his graduation, he joined the Marine Corps, where he reached the rank of corporal, receiving the Sea Service Deployment Ribbon with one star, a Certificate of Commendation, the Rifle Sharp Shooters Badge, and the Good Conduct Medal. He was honorably discharged in February of 2002. Jason loved being a marine, and he was very proud to serve his country.

He married Heather in 2010 in Stevens Point, and they had a beautiful daughter named Anaya. I am proud that many members of Jason's family came out to Washington this week to see the passage of this bill today: his mother Linda, his wife Heather, his daughter Anaya, who are in the Chamber with us today. His father, Marvin, who was also intimately involved in helping draft this legislation and see it through, was unfortunately unable to attend.

But I commend all of them because this is how legislation is meant to work, by reaching out to veterans organizations, getting direct feedback from the veterans themselves, their families, healthcare providers. We have known for some time that we have had a pain management problem not just in the VA medical system, but throughout our entire healthcare system.

This unfortunately came to light through numerous investigations at the Tomah VA Medical Center over the course of the last few years, which ultimately helped and precipitated the legislation that we have before us today.

□ 1600

Jason's family's guiding star in all of this, based on the numerous conversa-

tions that I have had with them and that they have had with Chairman BILIRAKIS and even with Speaker RYAN, was to ensure that the care and the treatment that our veterans receive be enhanced so that no veteran and no family would have to go through and endure what they did.

Jason was receiving pain management and was under the opioid medication at Tomah. This legislation, I think, advances that goal. I don't think anyone can be here with absolute certitude and promise a family or future veterans that mistakes won't happen in the future; but I think what is contained in this legislation is a significant step in the right direction, with the understanding that more work is needed.

The bill would require a review and an update of the VA's Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain. It requires all opioid prescribers at the VA to have enhanced pain management and safe opioid prescribing education and training. It improves the realtime tracking of and access to data on the opioid use of veterans in order to prevent overmedication. It provides additional resources to assist the VA's ability to counter overdoses. It expands the Opioid Safety Initiative to all VA medical facilities. It updates the Joint Working Group of the VA and DOD to focus on opioid prescribing practices, the use of alternative pain therapy, and the coordination when a service-member transitions from the DOD into the VA care setting. It also encourages the use of alternative and complementary forms of pain management. Lastly, it requires the VA to report on prescription rates so we can better assess the problem and find solutions.

This is a work in progress not just within the VA system, not just with the reforms that are currently being implemented at the Tomah VA Medical Center in my congressional district, but throughout the entire healthcare system. We as a Nation have not done a very good job of managing pain at all levels. I am glad and I am proud that this Congress sees the need to move forward on a comprehensive opioid legislation bill. Hopefully we can get that to the finish line yet this year. There is also a major VA reform bill that we are working on—excellent vehicles in order to include some of the provisions of this legislation as we move forward.

If there is any hope and promise that out of the tragedy of Jason's death good things can come of it, I think the legislation that we have before us today, the Jason Simcakoski PROMISE Act, gives us that hope and gives us that opportunity. I couldn't think of a more powerful legacy in Jason's name than this legislation.

I ask all of my colleagues to give their support of this legislation today. Again, I thank the leadership of the Committee on Veterans' Affairs for the help, the assistance, and the focus that they have provided on this important piece of legislation.

The SPEAKER pro tempore. Members are reminded that it is not in order to introduce to the House individuals present in the gallery.

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. I thank the gentleman from Florida for yielding and for his efforts and the efforts of all of those who are involved in this legislation.

Mr. Speaker, my concern here is twofold. First of all, as a pharmacist with over 30 years of experience and practice, this is a deep concern of mine.

Secondly, I believe we have a duty to our servicemen and -women who have sacrificed their lives to serve and protect our country. Studies have shown that soldiers and veterans use opioid painkillers far more frequently than civilians because their military training and combat lead to far more injuries. In fact, a report by the American Public Health Association found that the fatal overdose rate among VA patients is nearly double the national average. Something needs to be done. The VA is doing a disservice to our veterans by prescribing too many opioids at too high quantities. That is why H.R. 4063 is so important.

H.R. 4063 directs the Department of Defense and the Department of Veterans Affairs to jointly update the VA/DOD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain so it adequately reflects the current environment we face with opioid abuse. It also directs the VA to modify and establish initiatives and protocols to better address the misuse of opioids by our veterans.

These changes, I believe, will be one step toward ensuring that the services provided to our men and women of the military will improve their overall care and will move us closer to fulfilling our duty of servicing our servicemen and -women.

I ask all of my colleagues to support this legislation.

Mr. BUTTERFIELD. Mr. Speaker, I yield myself such time as I may consume.

It is bipartisan legislation like this that makes me proud to be a Member of the United States Congress. I want to thank each one of my colleagues for his role in making this day happen.

I thank Jason's family. I am not going to single them out except to make reference to them. I just want to thank Jason's family for making the journey to Washington today for this very important and momentous occasion.

Mr. Speaker, I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

I wish that we did not have to discuss this tragedy today on the floor. Jake is not with us, not by his choice. His wife is a widow; his daughter is now fatherless; his parents lost a son.

Why? Why did he die of a drug overdose inside of the very hospital in which he sought protection?

Mr. Speaker, I hope that all Members will support this legislation today. It is not that it will bring Jake back, but it may prevent this from occurring to another veteran in the future.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 4063, the "Promise Act."

H.R. 4063 directs the Department of Veterans Affairs (VA) and the Department of Defense (DOD) to jointly update their respective clinical practice guidelines.

The practice guideline pertains to the management of Opioid Therapy for Chronic Pain.

The guidelines spell out procedures for: (1) prescribing opioids for outpatient treatment, (2) (con-tra-in-di-ca-tions) contraindications for opioid therapy, (3) treatment of patients with post-traumatic stress disorder, (4) psychiatric disorders, or a history of substance abuse or addiction, (5) and management transitioning patients.

The guidelines also prescribe routine and random urine drug tests, as well as treatment options to augment opioid therapy designed to minimize opioid dependence.

This bill examines the VA's evidence-based therapy treatment model for treating veterans' mental health conditions.

The Department of Veterans Affairs (VA) will be expected to update safety measures for opioid therapy, expand the use of alternative medicine, and conduct audits of the VA health care system through a nongovernment entity.

The VA will be required to request documentation of medical license violations during the past 20 years and any settlement agreements for medical-related disciplinary charges from the medical board, of each state.

All VA medical facilities will implement the opioid safety initiative and train employees to effectively dispense pain management techniques through the establishment of pain management teams.

Enhancing national oversight, the VA is also expected to track and monitor opioid use and access to state program information, increase the availability of Food and Drug Administration-approved opioid receptor antagonists, and modify the computerized patient record system, as well as internal audits.

Adjusting the computerized patient record system will ensure that health care providers accessing veterans' records are notified of their use of opioid therapy.

This system also informs health care providers of substance use disorder or opioid abuse histories.

The Promise Act of 2016 institutes pilot programs within the VA to evaluate the feasibility of wellness programs complementing veteran pain management and related health care services.

I support this legislation because it will promote safety measures for opioid therapy and alternative medicine.

H.R. 4063 is a positive step in the right direction and I urge my colleagues to join me in supporting its passage.

Mrs. LAWRENCE. Mr. Speaker, I stand today in support of H.R. 4063, the Jason Simcakoski PROMISE Act. As those who defend our liberty return home from service, their fight for freedom internalizes. The home-

coming of our nation's veterans often marks their entrance into a new war—a constant battle against a visceral and intangible enemy: substance abuse. As we pass this important legislation, we afford our veterans the adequate support to fight this uphill battle, thus allowing our nation's fallen soldiers to rise as they repeatedly repel attacks from addiction. We must pass the PROMISE Act, because if we do not look out for the protectors of our freedom, who will look out for us?

Through my experiences as an EOE investigator at the USPS, I saw firsthand the divisive consequences of substance abuse on addicts, their loved ones, and communities as a whole. The PROMISE Act will bring nationwide uniformity to opioid addiction prevention efforts by implementing opioid treatment and therapy guidelines, expanding VA safety initiatives, and establishing research-based committees to measure the quality of treatment methods. While some may question why we are voting today to help those who have broken our nation's laws, just consider: who were the citizens that protected our freedom and nurtured our liberty when they were called upon? Now that our soldiers are the ones in need, who are we to deny them?

Just as veterans took on the duty of defending our communities, we must come together to halt the increasing opioid addiction rate for the sake of veterans and the good of America as a whole. The PROMISE Act will serve to acknowledge veterans' selfless sacrifice by establishing a forgotten American ideal: that we as a nation will always care for those who protect and defend our freedom. While no amount of money could ever buy back that which was sacrificed in the name of liberty, the passage of this legislation will alleviate some of the hardships faced by opioid-dependent veterans. As we look to find the most effective methods for treating opioid addiction, the PROMISE Act will serve as a strong step toward reversing our nation's substance abuse epidemic.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 4063, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, and for other purposes."

A motion to reconsider was laid on the table.

ARIEL RIOS FEDERAL BUILDING

Mr. CURBELO of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4957), to designate the Federal building located at 99 New York Avenue, N.E., in the District of Columbia as the "Ariel Rios Federal Building."

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4957

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

SECTION 1. DESIGNATION.

The Federal building located at 99 New York Avenue, N.E., in the District of Columbia shall be known and designated as the "Ariel Rios Federal Building".

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the Federal building referred to in section 1 shall be deemed to be a reference to the "Ariel Rios Federal Building".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. CURBELO) and the gentleman from Indiana (Mr. CARSON) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. CURBELO of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 4957.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. CURBELO of Florida. Mr. Speaker, I yield myself such time as I may consume.

H.R. 4957 would designate the Federal building located at 99 New York Avenue, N.E., in the District of Columbia, as the Ariel Rios Federal Building.

I am pleased to be a cosponsor of this legislation, along with the chairman and ranking member of the Subcommittee on Economic Development, Public Buildings, and Emergency Management—my colleague from Pennsylvania (Mr. BARLETTA) and my colleague from Indiana (Mr. CARSON).

Special Agent Ariel Rios joined the Bureau of Alcohol, Tobacco, Firearms and Explosives in 1978, where he became one of the most effective agents who was assigned to then-Vice President George H. W. Bush's task force. Special Agent Rios worked as an undercover agent as part of the task force.

During his undercover assignment in 1982, he and another agent arranged to meet two suspects at a motel in Miami, Florida, to purchase large quantities of drugs and machine guns. A confrontation ensued and, during a struggle, Special Agent Rios was shot and was seriously wounded. He died shortly after in the hospital on December 2, 1982.

Special Agent Rios received a number of posthumous awards, including the Secretary of the Treasury's Exceptional Service Award and a Meritorious Service Award from the Dade County Chiefs of Police Association. The previous location of the ATF headquarters on Pennsylvania Avenue bore his name for 27 years. During that time, the ATF relocated to a new headquarters building, and the old building was occupied by another agency and was renamed. H.R. 4957 would appropriately name the current location of the ATF headquarters after Special Agent Rios.

I am very proud to recognize this American hero who so sadly perished while protecting the people of Miami, my hometown, from crime and drugs. As a Member with the honor of representing south Florida in Congress, I thank Special Agent Rios for his service to our country, and I thank his family for their sacrifice of such a brave person on behalf of all of us.

Mr. Speaker, I reserve the balance of my time.

Mr. CARSON of Indiana. Mr. Speaker, I yield myself such time as I may consume.

I thank Representative CURBELO.

I am pleased that this bill is being considered by the House this afternoon during National Police Week. I also appreciate Subcommittee Chairman BARLETTA's support of this measure and the support of the other members of the Committee on Transportation and Infrastructure, who also agreed to be original cosponsors of this great bill, which would name the current headquarters of the Bureau of Alcohol, Tobacco, Firearms and Explosives, or the ATF, after fallen Special Agent Ariel Rios.

As was mentioned by my colleague, Agent Rios was born in 1954. He attended the John Jay College of Criminal Justice in Manhattan, and he graduated with a degree in criminal justice in 1976. Agent Rios immediately started his career in criminal justice by working for the Department of Corrections in both Washington, D.C., and in New York City. Later, he joined the ATF in 1978 and developed a reputation as an effective law enforcement officer.

In 1982, Agent Rios was working as a member of Vice President George H. W. Bush's anti-drug task force. It was here that he was shot and killed while working undercover to unravel a drug ring in Miami, Florida.

In 1985, Congress saw fit to honor the ultimate sacrifice that Special Agent Rios made. Congress acknowledged the fact that he was the first ATF agent to die in the line of duty by naming the headquarters of the ATF building the Ariel Rios Memorial Building. This name stood for nearly 30 years until the building was renamed for President Clinton in 2012 so as to reflect the fact that the old building now housed the EPA. Unfortunately, the "Ariel Rios" name was not transferred to the new ATF headquarters.

This bill seeks to correct this omission and name the new ATF headquarters as the Ariel Rios Federal Building.

As a former police officer, I have a special appreciation for the risks that face officers each and every day. Agent Rios' death serves as a reminder that when law enforcement officers walk out the door and leave their families for the day, they are putting their lives on the line to protect our communities.

It is fitting that the House is considering this legislation during National Police Week, which is an annual event when thousands of law enforcement of-

ficers from around the world travel to Washington, D.C., to participate in events that honor those who have been killed in the line of duty. By naming the ATF headquarters after Mr. Rios, a front line law enforcement officer, we offer a very public tribute to the commemoration of the sacrifices that too many officers have made.

This legislation comes at the request of many current and former agents who would not rest until this recognition was restored to Special Agent Rios. Because of their tireless efforts, the House will vote today to restore the name of Special Agent Rios to the ATF headquarters. This is an overdue and well-deserved acknowledgment of both Special Agent Rios and of the nearly 20,000 law enforcement agents who have died in the line of duty in the United States of America.

In closing, Mr. Speaker, I am very pleased that so many on both sides of the aisle from our committee have agreed to cosponsor this legislation. I am also honored that Mr. ROGERS, the chairman of the Committee on Appropriations, supports this bill.

Former President George H. W. Bush has written Congress in support of naming this building after Special Agent Rios, as have several former Directors of the ATF and as have several organizations that represent law enforcement officers.

I am very proud that this legislation is being considered today, and I urge my colleagues to support my bipartisan bill that honors Special Agent Rios.

Mr. Speaker, I yield back the balance of my time.

□ 1615

Mr. CURBELO of Florida. Mr. Speaker, I yield myself such time as I may consume.

I thank my colleague from Indiana (Mr. CARSON) for his leadership on this issue.

This, of course, is a simple naming bill, but it honors one of the many men and women who paid the ultimate price to keep Americans safe. This has a special place in my heart, obviously, because this took place in my community where Special Agent Rios lost his life.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. CURBELO) that the House suspend the rules and pass the bill, H.R. 4957.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CARSON of Indiana. Mr. Speaker, on that I demand the yeas and nays. The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

KINGPIN DESIGNATION IMPROVEMENT ACT OF 2016

Mr. MARINO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4985) to amend the Foreign Narcotics Kingpin Designation Act to protect classified information in Federal court challenges.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4985

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Kingpin Designation Improvement Act of 2016".

SEC. 2. PROTECTION OF CLASSIFIED INFORMATION IN FEDERAL COURT CHALLENGES RELATING TO DESIGNATIONS UNDER THE NARCOTICS KINGPIN DESIGNATION ACT.

Section 804 of the Foreign Narcotics Kingpin Designation Act (21 U.S.C. 1903) is amended by adding at the end the following:

"(i) PROTECTION OF CLASSIFIED INFORMATION IN FEDERAL COURT CHALLENGES RELATING TO DESIGNATIONS.—In any judicial review of a determination made under this section, if the determination was based on classified information (as defined in section 1(a) of the Classified Information Procedures Act) such information may be submitted to the reviewing court ex parte and in camera. This subsection does not confer or imply any right to judicial review."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. MARINO) and the gentleman from Rhode Island (Mr. CICILLINE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. MARINO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous materials on this measure.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. MARINO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, on behalf of the Foreign Affairs Committee, I am pleased to call up the Kingpin Designation Improvement Act, which was favorably reported this week by the Judiciary Committee on which I also sit.

This bipartisan bill, introduced by the gentleman and gentlewoman from New York, Mr. KATKO and Miss RICE, helps to ensure that classified information used in the designation of foreign drug kingpins may be protected from public disclosure so that it cannot be used by drug lords and terrorists.

Under current law, the Treasury Department's Office of Foreign Assets Control, otherwise known as OFAC, is able to designate international drug traffickers as kingpins. These designations are published in the Federal Register, and the individuals are added to the list of specially designated nationals, which effectively blocks any U.S.-based asset and their access to the U.S.

financial system. This is a potent weapon against international drug traffickers.

Since the enactment of the Foreign Narcotics Kingpin Designation Act 16 years ago, OFAC has designated more than 1,800 individuals, all of them non-U.S. persons. These include not only high-profile drug traffickers, but also individuals who are using drug proceeds to support international terrorism.

Now, listed persons can seek removal of those sanctions by challenging them in Federal court. The tricky part arises when OFAC designations are based on classified information. We do not want to hand drug lords and terrorists the sources and methods we have for uncovering their nefarious activities. We also do not want OFAC to be deterred from making the designations our national security requires because they are worried that such classified info may be publicly disclosed.

For these reasons, other key OFAC sanctions laws, like the International Emergency Economic Powers Act, provide protections for classified information. Under that statute, OFAC can submit such information *ex parte* and *in camera* directly to the judge outside of public view.

H.R. 4985 just incorporates that same protection in the Narcotics Kingpin Designation Act. Also, it is worth remembering that these designations are not something done secretly in the dead of night. They result from the coordination of five Federal agencies. They are published publicly, and they are reported to 10 congressional committees, 5 in the House and 5 in the Senate, some of which receive the classified background on the designated persons.

I want to thank Foreign Affairs Chairman ROYCE, Ranking Member ENGEL, Judiciary Chairman GOODLATTE, and Ranking Member CONYERS for moving this bipartisan bill promptly to the floor.

H.R. 4985 is an important tool in our fight against high-level narcotics traffickers and deserves our unanimous support.

I reserve the balance of my time.

Mr. CICILLINE. Mr. Speaker, I rise in support of this legislation and yield myself such time as I may consume.

I would like to thank Representative KATKO and Representative RICE for introducing this bill, H.R. 4985, the Kingpin Designation Improvement Act, which helps ensure that Federal courts can review sanctions against drug kingpins without forcing law enforcement or the intelligence community to publicly release classified information.

H.R. 4985 would amend the Foreign Narcotics Kingpin Designation Act modeled on the International Emergency Economic Powers Act. The Kingpin Act allows the President to designate and apply economic sanctions against any significant foreign narcotics trafficker. This authority provides a powerful tool to combat narcotics trafficking around the world.

For example, just last month, the Treasury Department's Office of Foreign Assets Control, which administers these sanctions, targeted a Mexican drug cartel and the three brothers who run it, freezing their assets and banning U.S. persons from doing business with them.

As with the International Emergency Economic Powers Act, designations made under the Kingpin Act may be challenged in court. However, unlike IEEPA, the Kingpin Act contains no explicit authority for judges to privately review classified information. This gap in authority means it is only a matter of time until the government will be forced to choose between disclosing classified material and allowing a confirmed narcotics trafficker to avoid justice.

H.R. 4985 would address this issue by adding a new section that explicitly authorizes the government to allow judges to privately review classified information when individuals challenge their designation as kingpins under the act. This provides a simple fix to a gap in current law, bringing the Kingpin Act in line with the International Emergency Economic Powers Act and improving our ability to ensure the law functions as intended.

I thank the gentleman from Pennsylvania for its introduction, and I urge my colleagues to support the legislation.

I reserve the balance of my time.

Mr. MARINO. Mr. Speaker, I yield such time as he may to consume to the gentleman from New York (Mr. KATKO), the author of this bill.

Mr. KATKO. Mr. Speaker, let me start by thanking Judiciary Committee Chairman GOODLATTE for his efforts and his committee's efforts in shepherding this bill through the committee, where it received unanimous support.

I also want to thank my colleague across the aisle, Representative RICE. We have partnered together on many bills that have passed the House to help keep our country safe and to keep it free from drug trafficking. Both of us having a background as prosecutors on a Federal level will help us going forward.

This legislation makes important changes that strengthen the Kingpin Act and enhance the protection of classified information. The Kingpin Act has played an important role in our Nation's efforts to fight drug trafficking for nearly two decades. In the last two decades, I was heavily involved with drug trafficking as a Federal organized crime prosecutor, so I understand the importance of the statute on a firsthand basis.

The act established a process to sanction individuals involved in international narcotics trafficking. More than 1,800 individuals, all non-U.S. persons, have been designated as drug kingpins by the Treasury's Office of Foreign Assets Control under the Kingpin Act. This designation precludes

these traffickers from using the U.S. financial system and, in so doing, places a major obstacle in front of their efforts to move and use their ill-gotten gains.

Many of the individuals placed on the kingpin list are put there on the basis of classified information. The law provides a process by which these individuals can seek removal from the list in Federal court, but, unfortunately, the law currently doesn't protect classified information in such delisting cases. This opens up the possibility that some kingpins won't be sanctioned at all or will be removed from the kingpin list, despite significant evidence of their illicit activities, in order to protect classified information.

This bill simply makes it clear that the Office of Foreign Assets Control may submit classified information in defense of its kingpin designations in a nonpublic, protected setting in order to safeguard classified information. This bill will make it easier to sanction international drug kingpins who cause enormous problems both in the United States and in their home countries. It will make it harder for these criminals to carry out their dangerous and destructive drug trade.

Mr. Speaker, I am grateful for the House's consideration of this bill, alongside several other important measures, to fight back against the opioid epidemic gripping much of our Nation, and certainly in my district as well.

My district has been extremely hard-hit by this epidemic as well as a scourge of dangerous synthetic substances, which I hope to address at a later time during this Congress. Almost every family in my district has been affected by this epidemic or knows someone who has.

We need to fight back against the kingpins for profiteering off this misery. It is gratifying to see the House working together across the aisle to tackle these enormous problems, and our country will be better off for it.

Mr. CICILLINE. Mr. Speaker, I yield myself such time as I may consume.

I want to thank the gentleman from New York for the introduction of this bill. It closes an important gap in the statute, which will enhance the safety of our country and provide essential review confidentially.

I urge my colleagues to support the bill.

I yield back the balance of my time.

Mr. MARINO. Mr. Speaker, I just want to echo what my good friend from Rhode Island (Mr. CICILLINE) has stated.

As a former prosecutor, and Mr. KATKO, who was a former prosecutor, and my good friend from Rhode Island (Mr. CICILLINE), who was a mayor and had jurisdiction over law enforcement agencies, we all know what the importance of this legislation is.

I want to thank the authors of this. I want to thank the staff members who worked on this. This is going to improve the lives of not only Americans, but people around the world.

I yield back the balance of my time.

Mr. ROYCE. Mr. Speaker, I want to thank my good friend from Virginia, Judiciary Chairman GOODLATTE, his Ranking Member, Mr. CONYERS, and the gentleman and gentlelady from New York—Mr. KATKO and Miss RICE—for their work on H.R. 4985, the Kingpin Designation Improvement Act, which deserves our support.

In the context of today's floor debate, it is important that we discuss the extensive role of Iran's primary regional proxy—Hezbollah—in the international drug trade.

Earlier this year, the U.S. Drug Enforcement Administration announced that they have, in cooperation with law enforcement agencies from 7 other nations, disrupted a global criminal enterprise Hezbollah was using to finance its participation in the Syrian conflict, as well as to plan for a future war with Israel.

Unfortunately, this is nothing new. For years, Hezbollah has had business connections with South American drug cartels, and has been using them to enter the narcotics trafficking business. In 2011 and 2013, the Department of the Treasury and other agencies designated core Hezbollah members and affiliates for engaging in international narcotics networks.

As a result, the Hezbollah International Financing Prevention Act of 2015, which I authored and passed into law in December, required specific Administration reporting on Hezbollah's international narcotics trafficking networks.

Unfortunately, once a terrorist organization enters this business, they seldom leave. Sanctions relief for Iran as a result of the Administration's flawed deal with that regime, and the resulting inflow of Iranian money to Hezbollah will not likely cause them to turn away from the lucrative drug industry. Rather, it may enable Hezbollah to double down on their efforts to finance their destructive regional activities.

For example, instead of 150,000 rockets on Israel's northern border, Hezbollah could afford to field 300,000, financed by the Iranian regime and Hezbollah's trafficking of narcotics into our communities.

With this in mind, it is important that we have robust Narcotics Kingpin Designation Act authorities in place, which this legislation ensures. I support the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. MARINO) that the House suspend the rules and pass the bill, H.R. 4985.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1630

TRANSNATIONAL DRUG TRAFFICKING ACT OF 2015

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 32) to provide the Department of Justice with additional tools to target extraterritorial drug trafficking activity, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 32

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Transnational Drug Trafficking Act of 2015".

SEC. 2. POSSESSION, MANUFACTURE OR DISTRIBUTION FOR PURPOSES OF UNLAWFUL IMPORTATIONS.

Section 1009 of the Controlled Substances Import and Export Act (21 U.S.C. 959) is amended—

(1) by redesignating subsections (b) and (c) as subsections (c) and (d), respectively; and

(2) in subsection (a), by striking "It shall" and all that follows and inserting the following: "It shall be unlawful for any person to manufacture or distribute a controlled substance in schedule I or II or flunitrazepam or a listed chemical intending, knowing, or having reasonable cause to believe that such substance or chemical will be unlawfully imported into the United States or into waters within a distance of 12 miles of the coast of the United States.

"(b) It shall be unlawful for any person to manufacture or distribute a listed chemical—

"(1) intending or knowing that the listed chemical will be used to manufacture a controlled substance; and

"(2) intending, knowing, or having reasonable cause to believe that the controlled substance will be unlawfully imported into the United States."

SEC. 3. TRAFFICKING IN COUNTERFEIT GOODS OR SERVICES.

Chapter 113 of title 18, United States Code, is amended—

(1) in section 2318(b)(2), by striking "section 2320(e)" and inserting "section 2320(f)"; and

(2) in section 2320—

(A) in subsection (a), by striking paragraph (4) and inserting the following:

"(4) traffics in a drug and knowingly uses a counterfeit mark on or in connection with such drug";

(B) in subsection (b)(3), in the matter preceding subparagraph (A), by striking "counterfeit drug" and inserting "drug that uses a counterfeit mark on or in connection with the drug"; and

(C) in subsection (f), by striking paragraph (6) and inserting the following:

"(6) the term 'drug' means a drug, as defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on S. 32, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. GOODLATTE. Mr. Speaker, I yield myself such time as I may consume.

International drug traffickers are profiting off the misery of American

citizens, including our children. In recent years, our Nation has experienced an epidemic of opioid abuse. A significant part of that epidemic involves the trafficking of illicit heroin across our borders and into our communities and homes. Every Member in this Chamber today has a heartbreaking story about a constituent or a constituent's child who has been lost to this scourge.

The irony, Mr. Speaker, is that international drug traffickers know our drug trafficking laws as well as, if not better than, most Americans do. They know that if they simply employ a middleman to take the drugs from them and transport them into the U.S., it makes it much harder, if not impossible, for U.S. law enforcement to prosecute them under those drug trafficking laws.

Why is it more difficult, you might ask. Because under current law the government must prove that a trafficker knew the drugs were headed for the United States. Drug trafficking organizations in Colombia, Peru, Ecuador, and other Central and South American source nations sell their illicit products to Mexican traffickers who, in turn, traffic the drugs into the United States.

This makes it difficult, under current law, for Federal prosecutors to make cases against such source nation manufacturers, wholesale distributors, brokers, and transporters since direct evidence of their intent that the drugs are bound for the United States is difficult, if not impossible, to develop.

The result is that source nation malefactors who produce and distribute illegal narcotics escape prosecution under U.S. law because they feign ignorance of the drug's ultimate destination. This has happened with increasing regularity over the past several years, and it is Congress' responsibility to address this problem.

S. 32, the Transnational Drug Trafficking Act of 2015, is identical to H.R. 3380, legislation that was introduced by my Committee on the Judiciary colleagues, the gentleman from Pennsylvania (Mr. MARINO) and the gentleman from Puerto Rico (Mr. PIERLUISI).

This bill makes crucial changes to our Federal drug laws to give law enforcement additional tools to combat extraterritorial drug trafficking. It does this by amending the Controlled Substances Import and Export Act to stipulate that, when a narcotics trafficker or manufacturer has a "reasonable cause to believe" that the illegal narcotics he produces or traffics will be sent into the U.S., the U.S. may prosecute him. This amendment will permit Federal prosecutors to pursue extraterritorial drug traffickers who are not directly smuggling drugs into the United States but who facilitate it.

S. 32 also amends the Controlled Substances Import and Export Act to address the increasingly prevalent problem of trafficking in listed chemicals, which are chemicals regulated by the

DEA because they are used in the manufacture of controlled substances. During a recent codel to South and Central America, several of my colleagues and I heard firsthand how drug trafficking organizations have relied upon shadowy chemical suppliers in the manufacture of methamphetamine, heroin, cocaine, and other dangerous narcotics. S. 32 would enable Federal prosecutors to reach chemical traffickers who knowingly facilitate and benefit from the illicit production and smuggling of listed chemicals.

Both of these amendments will allow Federal law enforcement to go after not the lowly drug mules moving drugs into the United States, but the criminals who facilitate at a high level, within the source nation, the trafficking of narcotics and precursor chemicals into the United States. As one law enforcement official has said to me, it is better to fight this battle there than here.

In addition to these important reforms, S. 32 also amends the criminal counterfeit law to include an intent requirement for trafficking in counterfeit drugs. I am pleased the House is taking up this important bill, which the Senate has already passed unanimously, so that it can move expeditiously to the President's desk.

I urge my colleagues to support this important legislation.

Mr. Speaker, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, May 10, 2016.

Hon. BOB GOODLATTE,
*Chairman, Committee on the Judiciary,
Washington, DC.*

DEAR CHAIRMAN GOODLATTE: I am writing to notify you that the Committee on Energy and Commerce will forgo action on S. 32, Transnational Drug Trafficking Act of 2015, so that it may proceed expeditiously to the House floor for consideration.

This is done with the understanding that the Committee on Energy and Commerce's jurisdictional interests over this and similar legislation are in no way altered. In addition, the Committee reserves the right to seek conferees on S. 32 and requests your support when such a request is made.

I would appreciate your response confirming this understanding and ask that a copy of our exchange of letters on this matter be included in the Congressional Record during consideration of the bill on the House floor.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, May 10, 2016.

Hon. FRED UPTON,
*Chairman, Committee on Energy and Commerce,
Washington, DC.*

DEAR CHAIRMAN UPTON: Thank you for your letter regarding S. 32, the "Transnational Drug Trafficking Act of 2015," for which the Committee on Energy and Commerce received an additional referral.

I am most appreciative of your decision to forego formal consideration of S. 32 so that it may proceed to the House floor. I acknowledge that although you are waiving formal

consideration of the bill, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bill that fall within your Rule X jurisdiction. In addition, I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

Finally, I am pleased to include this letter and your letter in the Congressional Record during floor consideration of S. 32.

Sincerely,

BOB GOODLATTE,
Chairman.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume.

I would like, first, for everyone to know that we here in the Congress are working to address the current heroin epidemic. We know that illegal drugs continue to present a public health crisis that impacts individuals and families in communities across the United States. S. 32 attempts to address the illegal importation of the drugs coming into the United States by amending section 959 of the Controlled Substances Act.

We have a bit of a problem here, but no one has worked on this longer or harder than Ms. SHEILA JACKSON LEE. It is in that spirit that I yield such time as she may consume to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, I thank the chairman and the ranking member for capturing what we in the Committee on the Judiciary have been doing over the last couple months. We have been working in a very effective, bipartisan manner to deal with the whole scheme, if you will, of criminal justice reform. We have been extensively involved in what has become a major epidemic across this Nation.

I listened to a number of legislative initiatives, one dealing with a veteran who died from a drug overdose that was just debated here on the floor of the House. As I was flying in today, we knew there was an incident in my district where a motorcyclist was killed by a driver, a young woman who was under the influence of opioids. We know that this Transnational Drug Trafficking Act is an important act, and we want to continue in our bipartisan effort.

It is important for me to note a concern that I do not believe the sponsors intended, but which I believe must be addressed. This bill is intended to help us do more to combat the importation of illegal drugs into our country, but it could also subject more people to mandatory minimum sentencing, an unfortunate feature of our criminal justice system that we must address.

The United States has been suffering from the damaging effects of illicit drug trafficking for decades. The majority of the drugs wreaking havoc in the United States originate in foreign countries, moving from one country to the next under the direction of powerful and wealthy drug kingpins. I think all of my adult life, Mr. Speaker, we

have heard the words "drug kingpins"—you cannot live in urban America without hearing about them; you cannot live in Texas without hearing about them—many of whom never see or touch the drugs or enter the boundaries of this country themselves.

Foreign drug kingpins in Colombia, Ecuador, and Peru are leading producers of cocaine imported into the United States. These kingpins lead operations which sell to traffickers in Mexico, who receive the drugs from Central America, South America, or Mexico and then smuggle the drugs into the United States.

Certainly, drugs come from all over. The Obama administration reported instances of Afghan drug trafficking working with West African drug trafficking organizations to smuggle heroin into the United States. It is around the world.

I support the idea that these drug kingpins are dangerous, but S. 32 is intended to help Federal prosecutors successfully prosecute foreign drug traffickers whose criminal activity outside the U.S. threatens the health, safety, and security of Americans at home.

Section 959 makes it a crime to manufacture or distribute controlled substances or certain chemicals used to make controlled substances intended or knowing that the substance or chemical will ultimately be brought illegally into the U.S. or within 12 miles of the coast of the U.S. In recent years, Federal prosecutors reported difficulties enforcing this statute in some instances.

Some drug traffickers are aware of the methods used to charge and then extradite foreign criminals into the U.S. for prosecution. Drug traffickers simply avoid any discussion of the destination of the drug shipments. S. 32 would amend section 959, making it easier for prosecutors to obtain a conviction against drug traffickers who operate in other countries. That is certainly an important mission.

I am troubled, however, that lowering the intent requirement in the statute without limiting its use to leaders and organizers would expose even low-level offenders to mandatory minimum sentences. We are working now to stop that tide so that we can restore the criminal justice system to be just and fair. This would happen, depending on the quantity of drugs involved.

Historically, mandatory minimums created in the late 1980s to target kingpins have been largely applied to low-level, nonviolent offenders. Mandatory minimums have led to unwarranted and unfair sentences and overincarceration. As the ranking member of the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, I am engaged with colleagues on both sides of the aisle to address the problem of mandatory minimum sentencing. I am concerned that S. 32 may make matters worse.

In the Committee on the Judiciary, Ranking Member CONYERS proposed a

very thoughtful amendment to H.R. 3380, the House companion to this bill, to specify that the reduced intent standard would only apply to leaders and organizers of foreign drug trafficking organizations. The amendment would have made certain that the substantial resources, time, and money necessary to extradite foreign criminals will be expended only on those individuals whose prosecution would disrupt the chain, the pipeline, or dismantle drug trafficking networks. If this bill was amended as recommended, it would be a useful tool to help target leaders of transnational organized crime from Africa to Afghanistan, to South and Central America and beyond, networks in the U.S. and abroad, priorities and objective detail in the President's strategy to combat transnational organized crime.

In a climate in Congress when we are working on a bipartisan basis to make our criminal justice system more just and effective and to reduce mandatory minimums, the best course is for us to limit the scope of this bill to high-level drug traffickers—a simple fix. While we do not have the opportunity to amend this bill today, I ask that my colleagues vote against it so that we may continue to work to address this concern, which would not undermine the goals of the bill.

S. 32 also corrects an error in section 2320 of title 18, the statute that governs trafficking in counterfeit goods and services. In order to prove the offense of trafficking in drugs with counterfeit marks, there must be proof that the accused knowingly used a counterfeit mark on or in connection with a trafficked drug. I support those changes.

The underlying change and spirit of the bill is a positive one. We are working here together. This scourge is something we must attack.

May I simply say, Mr. Speaker, I commend the sponsors of this bill for their desire to improve our ability to pursue, convict, and ultimately imprison top-level drug traffickers who have plagued our Nation for decades and beyond. Although I believe this bill still requires a simple change to address the unintended issue impacting mandatory minimum sentencing, I look forward to us working in the manner in which we can work, and I look forward to this concluding in a positive way.

Mr. Speaker. Although I support the goals of the Transnational Drug Trafficking Act, I must note a concern that I do not believe the sponsors intended but which I believe must be addressed.

This bill is intended to help us do more to combat the importation of illegal drugs into our country.

But, it could also subject more people to mandatory minimum sentencing—an unfortunate feature of our criminal justice system that we must address.

The United States has been suffering from the damaging effects of illicit drug trafficking for decades.

The majority of the drugs wreaking havoc in the U.S. originate in foreign countries, moving

from one country to the next, under the direction of powerful and wealthy drug kingpins—many of whom never see or touch the drugs or enter the boundaries of this country themselves.

Foreign drug kingpins in Columbia, Ecuador, and Peru are the leading producers of cocaine imported into the U.S.

These kingpins lead operations which sell to traffickers in Mexico, who receive the drugs in Central America, South America, or Mexico and, then, smuggle the drugs into the U.S.

In 2011 the Obama Administration reported instances of Afghan drug trafficking operations working with West African drug trafficking organizations to smuggle heroin into the U.S.

I support enhanced efforts to combat international drug trafficking.

S. 32 is intended to help federal prosecutors successfully prosecute foreign drug traffickers whose criminal activity outside of the U.S. threatens the health, safety, and security of Americans at home.

At present, Section 959 of Title 21 targets criminal conduct committed outside of the United States.

Section 959 makes it a crime to manufacture or distribute controlled substances or certain chemicals used to make controlled substances, intending or knowing that the substance or chemical will ultimately be brought illegally into the U.S. or within 12 miles of the coast of the U.S.

In recent years, federal prosecutors have reported difficulties enforcing this statute in some circumstances.

Since drug traffickers are aware of the methods used to charge and, then, extradite foreign criminals into the U.S. for prosecution, drug traffickers simply avoid any discussion of the destination of their drug shipments.

This tactic leaves prosecutors with no direct evidence that the traffickers know the ultimate destination of their drugs or the drugs produced using their chemicals.

S. 32 would amend Section 959, making it easier for prosecutors to obtain a conviction against drug traffickers who operate in other countries.

Prosecutors would no longer be required to prove the accused intended or actually knew the drugs or chemicals would be brought illegally into the U.S.

S. 32 would reduce the level of intent necessary to prove the accused's guilt, requiring prosecutors to only prove that there was reasonable cause for the accused to believe the drugs or chemicals used to make the drugs would be brought illegally into the U.S.

I am troubled, however, that lowering the intent requirement in the statute, without limiting its use to leaders and organizers would expose even low-level offenders to mandatory minimum sentences, depending on the quantity of drugs involved.

Historically, mandatory minimums created in the late 80's to target kingpins have been largely applied to low-level, non-violent offenders.

Mandatory minimums have led to unwarranted and unfair sentences and over-incarceration.

As the Ranking Member of the Subcommittee on Crime, I am engaged with colleagues on both sides of the aisle to address the problem of mandatory minimum sentencing.

I am concerned that S. 32 may make matters worse.

In the Judiciary Committee markup, Ranking Member CONYERS proposed an amendment to H.R. 3380, the House companion to this bill, to specify that the reduced intent standard would only apply to leaders and organizers of foreign drug trafficking organizations.

The amendment would have made certain that the substantial resources, time, and money necessary to extradite foreign criminals would be expended only on those individuals whose prosecution would disrupt or dismantle drug trafficking networks.

If this bill was amended as recommended, it would be a useful tool to help target leaders of transnational organized crime networks in the U.S. and abroad—priorities and objectives detailed in the President's Strategy to Combat Transnational Organized Crime.

In a climate in Congress when we are working on a bipartisan basis to make our criminal justice system more just and effective and to reduce mandatory minimums, the best course is for us to limit the scope of this bill to high-level drug traffickers.

While we do not have the opportunity to amend this bill today, I ask that my colleagues vote against it so that we may continue to work to address this concern, which would not undermine the goals of the bill.

S. 32 also corrects an error in Section 2320 of Title 18, the statute that governs trafficking in counterfeit goods and services. In order to prove the offense of trafficking in drugs with counterfeit marks, there must be proof that the accused knowingly used a counterfeit mark on or in connection with a trafficked drug, and I support this change.

In conclusion, Mr. Speaker, I commend the sponsors of this bill for their desire to improve our ability to pursue, convict, and, ultimately, imprison top-level drug traffickers, although I believe the bill still requires a change to address the unintended issue impacting mandatory minimum sentencing.

Mr. GOODLATTE. Mr. Speaker, it is my pleasure to yield such time as he may consume to the gentleman from Pennsylvania (Mr. MARINO), a member of the Committee on the Judiciary and the chief sponsor of the House companion legislation to the bill before the House at this time.

□ 1645

Mr. MARINO. Mr. Speaker, I thank the chairman for yielding and for his leadership in committee and today on this important bipartisan piece of legislation.

I also would like to thank my colleague, Congressman PIERLUISI, for his stalwart support and work on this bipartisan bill.

The chairman of the Judiciary Committee is correct in recognizing that Federal law often fails to keep up with lawbreakers. As a former U.S. attorney, I am acutely aware of the ways criminal organizations adapt their practices to skirt Federal law and harm American citizens. This bill directly responds to one scenario that has played out time and again in our Federal courts.

I would like to start by making a key point about the purpose of this bill and the type of organizations it targets. Our focus through this bill is the leaders of sophisticated, often multi-national drug-trafficking organizations

with expansive networks of distribution internationally.

This includes source nation manufacturers primarily in South and Central America. They are a significant source, if not the largest source, of deadly drugs on the streets and in homes across America. It also includes the leaders of large “middleman” wholesale trafficking and distribution organizations.

I want to stress that the bill does not target petty dealers or low-level smugglers in the final chain to the narcotics’ final destination. Instead, the focus is on higher levels of the drug-trafficking chain beyond our borders. These are the decisionmakers who have twisted our law for their own profit.

Federal law requires prosecutors to prove that defendant manufacturers and traffickers knew the narcotics were destined for the U.S. Under their direction, drugs are manufactured and packaged for illegal wholesale distribution in these countries outside of the U.S. In many instances, the final destination is the United States. But these individuals can hide their knowledge or insert additional middlemen to potentially evade prosecution.

One recent case in the D.C. Federal district court perfectly depicts this problem. On trial were two Guatemalan nationals, leaders of an organization that received tons of cocaine over 13 years from manufacturers in Colombia and Venezuela. They built runways and warehouses to store and receive such massive quantities of narcotics. They then distributed the drugs to additional middlemen in Mexico.

It was known that these drugs reached the U.S. But the defendants claimed that, once they passed them on, they had no knowledge of its ultimate destination. At trial, this was their only defense. Currently, the law allows them to claim ignorance and simply put the blame on those who do their bidding.

My district and many of my colleagues’ districts face a growing heroin epidemic. Our efforts this week to counter this crisis are crucial to stopping it.

My final point. This bill is about dismantling international drug-trafficking organizations. It is about bringing to justice the source nation manufacturers and middlemen wholesalers behind the flow of deadly narcotics across our borders, nothing else.

I urge my colleagues to support the bill so we can make that happen today.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, there is no doubt that we must stop the flow of illegal drugs coming into the United States from foreign countries.

I want to commend our colleagues who have worked with Ms. JACKSON LEE on this, and I want to commend the chairman of the full committee, Mr. GOODLATTE, as well for dealing with this very important subject.

Mr. Speaker, we must avoid subjecting more people to mandatory min-

imum sentences. As a matter of principle, I oppose mandatory minimum sentences because they are unjust and unwise.

The flaws in mandatory minimum sentencing have led to extraordinary injustices, prison overcrowding, and excessive cost to taxpayers. They have been shown to have a disparate impact on minorities.

While I am committed to combating the importation of illegal drugs in this country, I must oppose the expansion of mandatory minimum sentences, which is what S. 32 would do.

In the Judiciary Committee markup, I offered an amendment to limit the scope of the changes that would be made by this bill to the leaders or organizers of the drug organizations, in other words, the real kingpins.

Whether or not it is the intent of this bill to target low-level offenders, too often it is precisely these individuals who are easier to arrest, easier to convict, and subject to mandatory penalties.

Now, while I understand that we are today considering a Senate-passed bill, I maintain that we should take the time to address this issue. This bill’s expansion of those convicted under the statute should be limited to kingpins, those to whom mandatory minimum penalties were originally intended to apply in the first place.

So, accordingly, I sincerely ask my colleagues to vote against this bill so that we may address this concern.

Mr. GOODLATTE. Mr. Speaker, I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, in closing, without question, illegal drugs imported into the United States have harmed our citizens and our communities in innumerable ways. It is critical that appropriate steps be taken to address this problem.

Although S. 32 is a well-intentioned effort to do so, I believe that this bill should be amended to address a concern related to mandatory minimum sentencing. On this basis, I oppose the bill in its current form.

I urge my colleagues to join me and the ranking subcommittee member of the Judiciary Committee from Texas, Ms. JACKSON LEE, in supporting this bill.

Mr. Speaker, I yield back the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I urge my colleagues to support this legislation.

I yield back the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I rise in opposition to S. 32, the Transnational Drug Trafficking Act of 2015. While I support the underlying goal of combating drug trafficking, existing federal criminal laws already prohibit and punish this conduct. This bill however weakens existing mens rea standards, and therefore could lead to the application of mandatory minimums to action which the defendant did not know was illegal.

This bill therefore is a perfect example of four of the most common problems in crime policy.

First, it is a textbook example of overcriminalization, namely the careless creation and addition of federal crimes without reviewing if that conduct is already sufficiently prohibited and can be prosecuted under existing federal criminal laws. Existing federal laws prohibit importation and exportation of controlled substances, possession with intent to distribute such substances, or attempt or conspiracy to do so and therefore already prohibit the very conduct S. 32 was drafted to reach.

Our federal code contains over 5,000 offenses carrying criminal penalties, but a precise count eludes not only the Congressional research service but also the Department of Justice, the agency charged with prosecuting those offenses. The House Judiciary Committee’s bi-partisan Overcriminalization Task Force, upon which I served as Ranking Member, found that our Congressional appetite to add new federal offenses to demonstrate that we were “tough on crime,” instead of relying on existing state or federal statutes, was a significant driver. If we are serious about cleaning up our federal code, it starts with ensuring that the first question we ask when introducing, marking up, or voting on a bill is whether that bill is necessary. There is no such evidence in the record that the Department of Justice has been unable to investigate or prosecute these such cases under existing law, nor is there any evidence that the present punishment for violation of these laws is insufficient.

Second, the mens rea standard in S. 32 is weaker than the criminal intent standards of existing federal drug statutes carrying mandatory minimums. This means that the government can convict based on a lower standard of proof. Again, the need for a robust mens rea standard is a key Constitutional requirement that ensures that citizens are not deprived of their liberty, absent a showing that they were aware that their conduct was prohibited and they intended to engage in that unlawful conduct. In the wake of discussions about the importance of mens rea in protecting defendants who act with innocent intent and/or no notice of the illegality of their conduct, it is disappointing to see a step in the wrong direction that makes it easier for the government to convict them based upon a weaker standard.

Third, applying S. 32 would lead to unintended consequences due to this weaker mens rea standard. Specifically, not only does S. 32 criminalize “intending” or “knowing” that one of the prohibited chemicals will be used to manufacture a controlled substance, but also “having reasonable cause to believe that the controlled substance will be unlawfully imported into the United States.”

Many legitimate industrial chemicals, such as anhydrous ammonia found in fertilizer or ephedrine found in sinus medication, and natural substances, such as the alkaloid fluid extracted from the bulbs of poppy plants, can also be used to process and synthesize some illicitly produced drugs.

Thus, the problem S. 32 presents is that it may sweep too broadly. For example, a fertilizer manufacturer or pharmaceutical company or florist in Europe could be criminally liable and subject to a mandatory minimum penalty. That is because under S. 32’s rubric, any manufacturer, importer, or distributor of any substance that some illicit chemist seeks to turn into an existing, or as-of-yet-developed, controlled substance would be vulnerable to

federal criminal charges. The problem is that S. 32's "reasonable cause to believe" benchmark is intellectually bankrupt—is it "reasonable cause to believe that the entity they are shipping it to has requested it for illicit purposes" or merely "reasonable cause to believe that these are the types of chemicals that could be turned into illicit drugs?"

Lastly, this bill expands the universe of conduct to which a mandatory minimum applies. Research and evidence in the past few decades has demonstrated that mandatory minimums are ineffective deterrents, waste the taxpayers' money, force judges to impose irrational sentences, and discriminate against minorities, particularly with regards to drug offenses. Unfortunately, there are too many mandatory minimums in the federal code. If we expect to do anything about that problem, the first step has to be to stop passing new ones. The mandatory minimums in the code today did not get there all at once—they got there one at a time, each one part of a larger bill, which on balance might have been a good idea. Therefore, the only way to stop passing new mandatory minimums is to stop passing bills that contain mandatory minimums. Giving lip service to the suggestion that you would have preferred that the mandatory minimum had not been in a bill, then voting for it anyway, just creates another mandatory minimum and guarantees that those who support mandatory minimums will include them in the next crime bill. And more mandatory minimums will be created and the failed war on drugs will continue.

If our goal is to ensure that we prosecute transnational drug traffickers, let us provide adequate funding to local, state, and federal law enforcement agencies to do so under multiple federal statutes that already achieve that goal, without raising these problematic implementation and fairness concerns.

In summary, while I support the underlying goal of S. 32, I have grave concerns about its redundancy, its erosion of the mens reas standard commonly used in these offenses, its broad sweep and its use of mandatory minimums. Therefore, I urge my colleagues to vote no on S. 32.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, S. 32.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

GOOD SAMARITAN ASSESSMENT ACT OF 2016

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5048) to require a study by the Comptroller General of the United States on Good Samaritan laws that pertain to treatment of opioid overdoses, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5048

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Good Samaritan Assessment Act of 2016".

SEC. 2. FINDING.

The Congress finds that the executive branch, including the Office of National Drug Control Policy, has a policy focus on preventing and addressing prescription drug misuse and heroin use, and has worked with States and municipalities to enact Good Samaritan laws that would protect caregivers, law enforcement personnel, and first responders who administer opioid overdose reversal drugs or devices.

SEC. 3. GAO STUDY ON GOOD SAMARITAN LAWS PERTAINING TO TREATMENT OF OPIOID OVERDOSES.

The Comptroller General of the United States shall submit to the Committee on the Judiciary of the House of Representatives, the Committee on Oversight and Government Reform of the House of Representatives, the Committee on the Judiciary of the Senate, and the Committee on Homeland Security and Governmental Affairs of the Senate a report on—

(1) the extent to which the Director of National Drug Control Policy has reviewed Good Samaritan laws, and any findings from such a review, including findings related to the potential effects of such laws, if available;

(2) efforts by the Director to encourage the enactment of Good Samaritan laws; and

(3) a compilation of Good Samaritan laws in effect in the States, the territories, and the District of Columbia.

SEC. 4. DEFINITIONS.

In this Act—

(1) the term "Good Samaritan law" means a law of a State or unit of local government that exempts from criminal or civil liability any individual who administers an opioid overdose reversal drug or device, or who contacts emergency services providers in response to an overdose; and

(2) the term "opioid" means any drug, including heroin, having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 5048, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. GOODLATTE. Mr. Speaker, I yield myself such time as I may consume.

H.R. 5048, the Good Samaritan Assessment Act of 2016, was introduced by our colleague, Congressman FRANK GUINTA, co-chair of the House Bipartisan Task Force to Combat the Heroin Epidemic. This legislation directs the Government Accountability Office to study the various Good Samaritan laws in effect in States across the country.

Generally speaking, every State has some form of Good Samaritan law, which protects from prosecution citizens who render aid in good faith to someone in need of assistance. As a general matter, courts will not hold a Good Samaritan liable if he or she rendered care as a result of an emergency, the emergency or injury was not caused by the Good Samaritan himself, and the care was not given in a negligent or reckless manner.

In the context of opioids, Good Samaritan law refers to laws that provide immunity for responding to an opioid overdose by rendering aid or by calling 911.

Today more than half the States and the District of Columbia have enacted some form of Good Samaritan law that provides immunity or limits liability for those who report an opioid overdose or render care to a person experiencing such an emergency.

In my home State of Virginia, the general assembly passed a Good Samaritan law in 2015, which provides immunity for individuals who contact emergency services to report an overdose, provided the caller remains at the scene of the overdose until law enforcement responds, identifies himself when law enforcement responds, and cooperates with any criminal investigation.

Given the recent proliferation of these laws at the State level and Congress' desire and duty to address the opioid epidemic, it is fitting we assess how the various Good Samaritan laws work to protect our citizens and help save lives. H.R. 5048 will direct the GAO to help us get the information we need.

I urge my colleagues to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5048, the Good Samaritan Assessment Act. This legislation is part of a series of bills the House is considering this week in an effort to address the growing public health crisis in our Nation that is being caused by a surge in heroin use and abuse of other opioid drugs.

Without question, abuse of opioid drugs can have serious long-term effects, including physical and functional changes to the brain affecting impulse, reward, and motivation. But opioid abuse can have a more immediate and serious consequence. An overdose can threaten the life of the victim.

In recent years, heroin and prescription opioid drug overdoses have risen sharply in the United States. According to the Centers for Disease Control and Prevention, drug overdose deaths more than doubled between 1999 and 2014. In 2014 alone, more than 47,000 people died from drug overdoses, the highest of any previous year.

Fortunately, many of these tragic deaths can be prevented through the administration of an opioid reversal drug such as naloxone. But to be effective in saving lives, these drugs must be administered on an emergency basis.

First responders answering emergency calls or caregivers who are treating drug users are frequently in the best position to administer a lifesaving reversal drug in time to be effective.

An overdose victim's family and friends as well as other drug users are often the first people to be aware that an individual is suffering a drug overdose. Nevertheless, these individuals can hesitate or even fail to call 911 out of fear that they may be prosecuted or otherwise held liable if something goes wrong.

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Similarly, first responders and other potential caregivers may hesitate or fail to administer emergency medical treatment for fear of possible adverse consequences.

To alleviate such concerns and help ensure that overdose victims receive timely medical treatment, the Office of National Drug Control Policy has been working with States and municipalities to enact so-called Good Samaritan laws.

These laws are intended to protect from civil or criminal liability first responders, caregivers, and others who call for emergency assistance in overdose cases or administer opioid reversal drugs.

Currently, 35 States and the District of Columbia now have at least some form of a Good Samaritan or a 911 drug immunity law, but the protections afforded by these laws vary significantly from jurisdiction to jurisdiction.

H.R. 5048 directs the Government Accountability Office to study and report to the appropriate committees of Congress on the efforts of the Office of National Drug Control Policy to expand Good Samaritan protections.

In addition, the study would examine any law that exempts from civil or criminal liability individuals who contact emergency service providers in response to a drug overdose or who administer opioid reversal drugs to overdose victims.

The report must also include a compilation of Good Samaritan laws currently in effect. The analysis and data required to be generated by H.R. 5048 will greatly assist Congress in understanding the various policies adopted by the States.

Accordingly, I sincerely urge my colleagues to support H.R. 5048.

Mr. Speaker, I reserve the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, REVIVE! is the Opioid Overdose and Naloxone Education program for the Commonwealth of Virginia. REVIVE! provides training to professionals, stakeholders, and others on how to recognize and respond to an opioid overdose emergency with the administration of naloxone.

REVIVE! is a collaborative effort led by the Virginia Department of Behavioral Health and Developmental Serv-

ices, working alongside the Virginia Department of Health, the Virginia Department of Health Professions, recovery community organizations such as the McShin Foundation, OneCare of Southwest Virginia, the Substance Abuse and Addiction Recovery Alliance of Virginia, and other stakeholders.

Virginia has been severely impacted by opioid abuse, particularly the abuse of prescription drugs. In 1999, the first year for which such data is available, approximately 23 people died from abuse of fentanyl, hydrocodone, methadone, and oxycodone, the leading prescription opioids abused, commonly referred to as FHMO.

By 2013, the most recent year for which complete data is available, 386 individuals died from the abuse of FHMO, an increase of 1,578 percent, with fentanyl being the primary substance fueling this increase.

In 2013 alone, there was an increase of more than 100 percent in deaths attributed to fentanyl use. In 2013, as before in 2011, drug-related deaths happened at a higher per capita level, 11 deaths per 100,000, than motor vehicle crashes, 10.1 per 100,000.

The 2013 data provides evidence of other disturbing trends in Virginia, including a sharp rise in heroin deaths. In 2010, only 49 deaths in Virginia were attributed to heroin use. By 2013, that figure had risen to 213, an increase of 334 percent in only 4 years, while cocaine deaths remained relatively level.

The changes in drug-related deaths in Virginia in 2013 are not limited to which substances had the greatest impact. The geography of the opioid epidemic in Virginia is shifting as well.

In past years, the western portion of Virginia, the portion that I represent, typically accounted for approximately one-third of drug-related deaths in any given year. In 2013, for the first time since these records have been maintained, the prevalence of drug-related deaths was spread evenly over the Commonwealth, as the eastern region of Virginia saw an increase of more than 51 percent in drug-related deaths in a single year.

Mr. Speaker, I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself the balance of my time.

Ladies and gentlemen, H.R. 5048 will help to provide valuable information that will assist comprehensive efforts needed to combat the growing scourge of opioid abuse that is affecting millions of Americans and help reduce the tragic loss of life resulting from drug overdoses.

Accordingly, I urge support of the passage of H.R. 5048.

Mr. Speaker, I yield back the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from New Hampshire (Mr. GUINTA), the chief sponsor of the legislation, to close debate.

Mr. GUINTA. Mr. Speaker, I rise today in support of this legislation, the

Good Samaritan Assessment Act of 2016.

This legislation simply directs the GAO to study State and local Good Samaritan laws that protect caregivers, law enforcement personnel, and first responders who administer opioid overdose reversal drugs or devices, as well as those who contact emergency service providers in response to an overdose from civil or criminal liability.

A Good Samaritan law offers legal protection to people who give reasonable assistance to those who are or who they believe to be injured, ill, or otherwise incapacitated.

These laws vary from jurisdiction to jurisdiction but generally they prevent an individual who has voluntarily helped a victim in distress from being successfully sued or prosecuted for wrongdoing. Their purpose is to keep people from being reluctant to help an individual in need for fear of legal repercussions.

This legislation is crucial toward understanding which Good Samaritan laws are working well to provide a framework for others to follow.

In my home State of New Hampshire, last year we had 430 people die from a drug-related overdose. The number continues to climb because the coroner's office has not concluded the autopsies from last year.

Imagine a family member who is trying to grieve over their loved one who had the illness of addiction and somebody stood over that body and was afraid to help.

I think that this legislation is important, and I am glad that it is striking a bipartisan tone, because this is about saving lives. This is about providing assistance to those who are in moments of deepest despair in their life.

I work on this issue not just on behalf of my constituents and the 50,000 people across the country who have passed due to this sickness, but I also do it in the name of my friend, Abi Lizotte, who is a survivor, who is 8 months clean, with a 6-month old child, who testified at a hearing in New Hampshire about the possibility of success because she had somebody who assisted her.

This addiction has ripped the country apart. We have an obligation as a Congress to act, and I am so pleased with the leadership of Chairman GOODLATTE and so many Republicans and Democrats who have shared the same hope and understanding that life is worth fighting for.

So I urge my colleagues to support this legislation. I appreciate the committee's work, the chairman's work, the bipartisan work.

Mr. GOODLATTE. Mr. Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 5048, the "Good Samaritan Assessment Act of 2016."

Our nation currently faces epidemic levels of opioid drug users and addicts, with a corresponding increase in the number of opioid drug overdoses and deaths.

According to the Centers for Disease Control, drug overdose death rates more than doubled between 1999 and 2014.

Each day, more than 100 Americans die as a result of an overdose, making drug overdoses the leading cause of death in the United States.

Compounding this tragedy is the fact that many of these deaths could have been prevented if the victim had received emergency medical treatment.

Opioid reversal drugs such as Naloxone have proven effective in reversing opioid drug overdoses and reviving victims.

But a victim's chances of surviving an overdose can depend on how quickly medical assistance is received.

Those closest to a victim—family, friends, or other drug users—are commonly the first to become aware that an individual is suffering an overdose and needs emergency medical assistance.

Their prompt call to 911 can mean the difference between life and death.

Similarly, first responders or other persons serving as caregivers to individuals with drug problems are often in the best position to promptly administer a reversal drug.

However, such life-saving assistance may not be made available in time if a witness to an overdose delays or fails to call 911, or a caregiver or first responder does not promptly administer an overdose reversal drug or device, due to fear that they might be prosecuted or otherwise held responsible for their involvement, or held liable if something goes wrong.

To encourage people to seek medical attention for someone suffering an overdose, and to have first responders trained, equipped, and able to administer opioid reversal drugs or devices, states and localities need to enact Good Samaritan laws that protect from criminal or civil liability individuals who seek or provide life-saving assistance in drug overdose situations.

In 2013, only ten states and the District of Columbia had such drug overdose Good Samaritan laws.

The Office of National Drug Control Policy (ONDCP) has been working with states and municipalities to enact Good Samaritan laws providing protections to individuals who call for emergency assistance and first responders, law enforcement personnel, and caregivers who administer opioid reversal drugs or devices.

Thanks in part to ONDCP's efforts, 35 states and the District of Columbia now have some form of Good Samaritan or emergency drug treatment immunity law.

Under this bill, the General Accounting Office would provide the appropriate House and Senate committees with a report on the results of ONDCP's work, as well as a compilation of the various Good Samaritan laws currently in effect.

While the report will not take a position on any formulation of such laws, this information will be helpful to Congress and the states in cataloging and understanding the various approaches states are taking with respect to this issue.

With more information, we can make better decisions and adopt the best approach.

Therefore, I urge my colleagues to support H.R. 5048.

Mrs. LAWRENCE. Mr. Speaker, I rise today in support of H.R. 5048 the Good Samaritan

Assessment Act of 2016. Addiction to opioids and other prescription pain relievers have become an epidemic in the United States. According to the National Institute on Drug Abuse, about 2.1 million Americans have an addiction to opioid drugs. While the use or prescription can assist individual pain, the risk for addiction is becoming a major problem. This has resulted in people being put into situations to try to save someone's life a drug overdose. According to current law, any emergency personnel who administers drugs to combat an overdose can be prosecuted.

If individuals are worried that they will be punished for saving someone's life, many lives could be lost to drug overdoses. According to estimates between 2002–2014 the number of deaths from heroin have quadrupled and prescription opioids have killed more Americans than all other drugs combined. In my district, I have seen many people affected by drug abuse issues and the Good Samaritan Assessment Act will not only help save the lives of people in our district, but American's nationwide. This bill will start the process to allow individuals to not be criminally charged for people administering drugs to save someone's life.

The Good Samaritan Assessment Act of 2016 will require the Comptroller General of the United States to study Good Samaritan laws that pertain to opioid overdoses and other purposes. By passing this legislation to do research there would be more efforts to encourage Good Samaritan laws to be put into place in the United States.

I would like to close by saying that I am proud of our chamber for taking this important step to make sure that Americans would not face the possibility of being criminally prosecuted for trying to save someone's life. I also want to thank my colleagues for recognizing the importance of being a good samaritan, and actively helping those in need.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, H.R. 5048.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

OPIOID PROGRAM EVALUATION ACT

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5052) to direct the Attorney General and the Secretary of Health and Human Services to evaluate the effectiveness of grant programs that provide grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5052

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Opioid Program Evaluation Act" or the "OPEN Act".

SEC. 2. EVALUATION OF PERFORMANCE OF DEPARTMENT OF JUSTICE PROGRAM.

(a) EVALUATION OF JUSTICE DEPARTMENT COMPREHENSIVE OPIOID ABUSE GRANT PROGRAM.—Not later than 5 years after the date of enactment of this Act, the Attorney General shall complete an evaluation of the effectiveness of the Comprehensive Opioid Abuse Grant Program under part LL of the Omnibus Crime Control and Safe Streets Act of 1968 administered by the Department of Justice based upon the information reported under subsection (d) of this section.

(b) INTERIM EVALUATION.—Not later than 3 years after the date of enactment of this Act, the Attorney General shall complete an interim evaluation assessing the nature and extent of the incidence of opioid abuse and illegal opioid distribution in the United States.

(c) METRICS AND OUTCOMES FOR EVALUATION.—Not later than 180 days after the date of enactment of this Act, the Attorney General shall identify outcomes that are to be achieved by activities funded by the Comprehensive Opioid Abuse Grant Program and the metrics by which the achievement of such outcomes shall be determined.

(d) METRICS DATA COLLECTION.—The Attorney General shall require grantees under the Comprehensive Opioid Abuse Grant Program (and those receiving subawards under section 3021(b) of part LL of the Omnibus Crime Control and Safe Streets Act of 1968) to collect and annually report to the Department of Justice data based upon the metrics identified under subsection (c).

(e) PUBLICATION OF DATA AND FINDINGS.—

(1) PUBLICATION OF OUTCOMES AND METRICS.—The Attorney General shall, not later than 30 days after completion of the requirement under subsection (c), publish the outcomes and metrics identified under that subsection.

(2) PUBLICATION OF EVALUATION.—In the case of the interim evaluation under subsection (b), and the final evaluation under subsection (a), the National Academy of Sciences shall, not later than 90 days after such an evaluation is completed, publish the results of such evaluation and issue a report on such evaluation to the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate. Such report shall also be published along with the data used to make such evaluation.

(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF SCIENCES.—For purposes of subsections (a), (b), and (c), the Attorney General shall enter into an arrangement with the National Academy of Sciences.

SEC. 3. EVALUATION OF PERFORMANCE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAM.

(a) EVALUATION OF DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAMS.—Not later than 5 years after the date of enactment of this Act, except as otherwise provided in this section, the Secretary of Health and Human Services shall complete an evaluation of any program administered by the Secretary that provides grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse based upon the information reported under subsection (d) of this section.

(b) INTERIM EVALUATION.—Not later than 3 years after the date of enactment of this Act, the Secretary shall complete an interim evaluation assessing the nature and extent of the incidence of opioid abuse and illegal opioid distribution in the United States.

(c) METRICS AND OUTCOMES FOR EVALUATION.—Not later than 180 days after the date of enactment of this Act, the Secretary shall identify outcomes that are to be achieved by activities funded by the programs described

in subsection (a) and the metrics by which the achievement of such outcomes shall be determined.

(d) METRICS DATA COLLECTION.—The Secretary shall require grantees under the programs described in subsection (a) to collect and annually report to the Department of Health and Human Services data based upon the metrics identified under subsection (c).

(e) PUBLICATION OF DATA AND FINDINGS.—

(1) PUBLICATION OF OUTCOMES AND METRICS.—The Secretary shall, not later than 30 days after completion of the requirement under subsection (c), publish the outcomes and metrics identified under that subsection.

(2) PUBLICATION OF EVALUATION.—In the case of the interim evaluation under subsection (b), and each final evaluation under subsection (a), the National Academy of Sciences shall, not later than 90 days after such an evaluation is completed, publish the results of such evaluation and issue a report on such evaluation to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate. Such report shall also be published along with the data used to make such evaluation.

(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF SCIENCES.—For purposes of subsections (a), (b), and (c), the Secretary shall—

(1) enter into an arrangement with the National Academy of Sciences; or

(2) enter into a contract or cooperative agreement with an entity that is not an agency of the Federal Government.

(g) EXCEPTION.—If a program described under subsection (a) is subject to an evaluation substantially similar to the evaluation under subsection (a) pursuant to another provision of law, the Secretary may opt not to conduct an evaluation under subsection (a) of such program.

SEC. 4. DEFINITION.

In this Act, the term “opioid” has the meaning given the term “opiate” in section 102 of the Controlled Substances Act (21 U.S.C. 802).

SEC. 5. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out this Act.

SEC. 6. MATTERS REGARDING CERTAIN FEDERAL LAW ENFORCEMENT ASSISTANCE.

Section 609Y of the Justice Assistance Act of 1984 (42 U.S.C. 10513) is amended—

(1) in subsection (a), by striking “There is” and inserting “Except as provided in subsection (c), there is”; and

(2) by adding at the end the following:

“(c) For fiscal year 2022, there is authorized to be appropriated \$16,000,000, to provide under this chapter Federal law enforcement assistance in the form of funds.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 5052, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. GOODLATTE. Mr. Speaker, I yield myself such time as I may consume.

H.R. 5052, the Opioid Program Evaluation Act, or OPEN Act, is a bill that would require an evaluation of the Comprehensive Opioid Abuse Reduction Grant Program that will be authorized by H.R. 5046, and other opioid-related grant programs administered by the Department of Health and Human Services.

This bipartisan bill, sponsored by the gentleman from California (Mr. MCCARTHY), the majority leader, and the gentleman from Maryland (Mr. HOYER), the minority whip, requires the Attorney General, through an arrangement with the National Academy of Sciences and the Secretary of HHS, through an arrangement with the National Academy of Sciences, or other entity, to:

Identify outcomes that are to be achieved by the activities funded by Congress to address opioid abuse;

Develop the metrics by which each program’s performance will be evaluated;

Complete an interim evaluation assessing the nature and extent of opioid abuse and illegal opioid distribution in the United States;

And carry out an evaluation of the effectiveness of the programs.

Additionally, to increase transparency and facilitate the evaluation of the performance of the programs, the bill requires grantees to collect and annually report data on the activities conducted pursuant to these programs.

Evaluations such as these can be Congress’ best measure of how well a Federal program or agency is operating. At their conclusion, we hope to learn, for example, whether a substantial number of criminal justice agency personnel have received training on substance abuse disorders and co-occurring mental illness and adapted their procedures accordingly.

We also hope to learn the extent to which offenders offered a treatment alternative to incarceration have benefited from a response that integrates substance abuse services into the traditional criminal justice system.

I agree with the bill’s sponsors that Congress must demand greater achievement and increased transparency and accountability with respect to our Federal grant programs. Therefore, I thank the bill’s sponsors for the contribution this bill makes to the effort to address opioid abuse, as well as to our congressional oversight efforts.

I urge support of this important bill. Mr. Speaker, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,

Washington, DC, May 3, 2016.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN GOODLATTE: I am writing to notify you that the Committee on Energy and Commerce will forgo action on H.R. 5052,

a bill to direct the Attorney General and the Secretary of Health and Human Services to evaluate the effectiveness of grant programs that provide grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse, and for other purposes, so that it may proceed expeditiously to the House floor for consideration.

This is done with the understanding that the Committee on Energy and Commerce’s jurisdictional interests over this and similar legislation are in no way altered. In addition, the Committee reserves the right to seek conferees on H.R. 5052 and requests your support when such a request is made.

I would appreciate your response confirming this understanding and ask that a copy of our exchange of letters on this matter be included in the Congressional Record during consideration of the bill on the House floor.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, May 4, 2016.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN UPTON: Thank you for your letter regarding H.R. 5052, a bill to direct the Attorney General and the Secretary of Health and Human Services to evaluate the effectiveness of grant programs that provide grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse, and for other purposes, which the Judiciary Committee ordered reported favorably to the House on April 27, 2016.

I am most appreciative of your decision to forego formal consideration of H.R. 5052 so that it may proceed to the House floor. I acknowledge that although you are waiving formal consideration of the bill, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bill that fall within your Rule X jurisdiction. In addition, I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

Finally, I am pleased to include this letter and your letter in the Congressional Record during floor consideration of H.R. 5052.

Sincerely,

BOB GOODLATTE,
Chairman.

□ 1715

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 5052, the Opioid Program Evaluation Act, otherwise known as the OPEN Act. The OPEN Act is part of a comprehensive, bipartisan series of proposals being considered by Congress to combat the opioid abuse epidemic that is afflicting millions of Americans. For example, the Comprehensive Opioid Abuse Reduction Act will provide critical funding assistance to States so that they can create and implement a wide variety of strategies, including alternatives to incarceration, that are designed to reduce opioid abuse.

These grant programs have tremendous promise, as they will enable criminal justice agencies to focus on what is likely to be the most effective

solutions based on their specific, individual needs. Jurisdictions, for example, may choose to implement the Law Enforcement Assisted Diversion approach established with success in Seattle and which is beginning to be used in other cities.

The Comprehensive Opioid Abuse Reduction Act would also assist with the provision of medication-assisted treatment and help first responders prevent deaths by allowing them to obtain and administer drugs that revive overdose victims. Strategies like these are worthy of our continued support.

At the same time, it is important that we track the actual results of these programs so that we can objectively determine the most successful strategies for combating opioid abuse and adjust our efforts and resource allocation accordingly.

The OPEN Act is a commonsense measure that will provide a meaningful way to assist the effectiveness of these grants. Under this act, the Departments of Justice and Health and Human Services will identify outcomes achieved by activities funded under these grant programs. The OPEN Act requires these agencies to develop the metrics by which the achievement of such outcomes can be objectively analyzed. Those outcomes and metrics will, in turn, be studied by the National Academy of Sciences or other independent evaluators and reported on to Congress. Armed with this information, Congress will then be able to assess the success of the programs funded by these grants.

I, therefore, support H.R. 5052 and commend it without reservation to my colleagues.

Mr. Speaker, I reserve the balance of my time.

Mr. GOODLATTE. Mr. Speaker, it is my pleasure to yield such time as he may consume to the gentleman from California (Mr. MCCARTHY), the majority leader, who is also the chief sponsor of this legislation.

Mr. MCCARTHY. Mr. Speaker, I thank the gentleman for yielding, and I want to thank the chairman for his work in dealing with opioid abuse throughout the country.

Mr. Speaker, where I come from in Kern County, California, over 160 people are sent to the emergency room for opioid overdoses every single year. Every single one of those stories is tragic.

Addiction tears families apart, it uproots communities, and it deprives people of the basic freedom to live the lives they want. Opioid addiction is only getting worse in this country. The most recent Centers for Disease Control and Prevention data show that 78 Americans die every single day from overdose—78 Americans.

We need to do something about it. Ultimately, it is individuals, families, and the communities that are on the front line in the fight against addiction. But Congress can do something, too. The Federal Government can and

should support community efforts to stop opioid abuse and help those in recovery.

So we have over one dozen bills we will pass this week that target at the center of the opioid addiction: the drug trade, prescription abuse, health care, prevention, you name it.

But it is not enough to pass laws and start new programs. After all, a lot of government programs sound good, but they don't mean as much if they don't work. Most programs, if not every government program, are created with the very best of intentions; but good intentions don't make good government.

When Congress decided to set up a program using money and resources from the American people, we had better be sure that what we are doing is making a difference and actually helping those in need as best we can. That is why Congressman STENY HOYER and I drafted the Opioid Program Evaluation Act, better known as the OPEN Act, because we need to actually help stop the abuse, not just create programs to talk about it. We need to prevent addiction from happening. We need to help those addicted to recover, and we can't afford to waste time and money accomplishing these goals.

Ultimately, we need to use the power of data to determine if these programs actually work. It is that simple. We live in the age of data, and innovators around the country and around the world are using data to do everything from providing better service to customers, to preventing disease and to preventing crimes across this country.

We can learn from that. We need to bring data and innovation into government. When we do that, we can ensure government programs work as intended and that it is in the most effective way possible. That is what this bill will do. It gives healthcare officials, researchers, and engaged citizens the opportunity to see exactly what their government is doing and then to use the information to make the best possible treatment for those who are addicted to opioids.

For months now, I have been working with other Members on the Innovation Initiative with this exact goal: to modernize government. This is just the latest bill shaping our policies and reforming the way Washington works.

Mr. Speaker, I urge the Members to join and support this bill.

I want to thank the minority whip for his work, his thoughtfulness, and his research in making this happen.

Today is a vote for accountability. Vote for more than just words. Vote to effectively fight the opioid epidemic.

Mr. CONYERS. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Maryland (Mr. HOYER), the distinguished minority whip of the Congress and the co-author of this measure.

Mr. HOYER. Mr. Speaker, I thank my friend, the ranking member and former chairman of the Judiciary Committee, and, if I could say, in a bipar-

tisan bill, maybe the next chairman of the Judiciary Committee, with all due respect to my friend Mr. GOODLATTE. I thank the gentleman very much for bringing this bill to the floor.

I thank the majority leader for his comments, and I rise in support, obviously, of this legislation, which I am proud to cosponsor with my friend, the majority leader, Mr. MCCARTHY, from California.

Mr. Speaker, this bill, as he said, will help ensure that future investments in the fight against opioid addiction are allocated in the most effective way possible. We owe that to the American people, and we owe it to the effectiveness of our efforts against this scourge on our country.

Our bill requires the Departments of Justice and Health and Human Services to develop, as you have heard, metrics by which opioid-related grant programs will be evaluated: Do they work? Are they worth the investment? It will facilitate data collection and analysis in order to determine best practices—what works and what doesn't—so policymakers can best target resources.

The opioid epidemic is a major public health challenge that requires and demands bipartisan cooperation and leadership across the branches and offices of our government at the Federal, State, and local levels. This crisis has already quadrupled—quadrupled—the rate of overdose deaths between 2000 and 2013 and continues to plague communities across the country.

Between 2007 and 2014, 237 people in southern Maryland died as a result of prescription opioid overdoses, and 287 more died from using heroin, a drug to which those addicted to opioid painkillers often turn when they can no longer access prescription medications. This is a critical problem affecting lives and families across the Nation, which is why the Congress must take action and is doing so on a bipartisan basis.

In addition to the OPEN Act, the House is considering a number of bipartisan bills this week that will likely be adopted as part of an amendment to the legislation passed in the Senate, the Comprehensive Addiction and Recovery Act, CARA.

Democratic Members have been instrumental in writing these bills in such a way that the policies and programs they create have the greatest chance of saving lives and preventing addiction. The good news is they have worked with their Republican colleagues, and their Republican colleagues have worked with them. These bills reflect the seriousness with which Democrats and Republicans have been leading on this issue and the bipartisan nature of efforts in Congress to address the challenge.

But it isn't enough to enact these bills and the ones put forward by my Republican colleagues. We need to ensure that our efforts to combat opioid addiction receive the funding necessary

to succeed. That funding is not in this bill, nor is it in some of the other bills that will be considered. It is nice to say that we ought to get something done, but if we do not apply the resources to accomplish the objective, it is empty rhetoric and political posturing.

President Obama has requested \$1.1 billion to fight opioid addiction, but the majority has not yet committed to acting on that request, nor has it committed to funding the bipartisan legislation that we expect to pass this week. The legislation is good, but if we don't give it the resources to be implemented, it will not bring the relief that is needed.

So as we work together to take these important steps to prevent opioid abuse and promote recovery, Congress needs to work together to ensure that these efforts are not left unfunded. I am certain that there is a way we can work together to pay for them and help our communities fight this epidemic that has destroyed so many lives and devastated communities and families across this country.

Again, I want to thank the Republican leader, Mr. MCCARTHY. He and I have found opportunities to work together, and we believe those have had positive results. He has partnered with me on this OPEN Act, and I hope we can keep working together to fund these initiatives and help end the scourge, the cancer, of opioid abuse and addiction in our country. If we do so, Americans will thank us, and they will think we have done a better job, frankly, than they think we are doing.

Mr. CONYERS. Mr. Speaker, I yield myself the balance of my time.

I want to say to my colleagues I deeply appreciate the observations and perceptions on both sides of the aisle in dealing with this subject.

The approaches to dealing with opioid abuse should be based on evidence of their effectiveness and ability to save lives. The OPEN Act will provide the information necessary to properly make that evaluation. Accordingly, I sincerely urge my colleagues to support H.R. 5052.

Mr. Speaker, I yield back the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I urge my colleagues to support this good legislation.

I yield back the balance of my time. Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 5052, the "Opioid Program Evaluation Act of 2016," otherwise known as the "OPEN" Act.

This is an important bill intended to provide a mechanism to evaluate the effectiveness of the grant programs being considered by Congress to address the serious and growing problem of opioid abuse.

The current surge in the use of heroin and other opioid drugs such as hydrocodone and oxycodone requires a strong, national response.

Opioid abuse leads to physical and functional changes to parts of the brain affecting, impulse, reward, and motivation.

In recent years, it is estimated that the number of heroin users in the United States has grown to over 680,000 people.

Similarly, the use of other opioids, such as hydrocodone and oxycodone has grown by 100 percent and 500 percent respectively.

To fight this crisis involving illegal opioids and the abuse of prescription opioids, we must employ a multi-faceted approach that actually achieves results.

This bill would evaluate the effectiveness of H.R. 5046, the "Comprehensive Opioid Abuse Reduction Act," a bill reported by the Judiciary Committee.

That bill was written with the goal of assisting States in the implementation of a variety of strategies, including:

Providing treatment alternatives to incarceration; training criminal justice agency personnel on substance use and co-occurring mental illness; increasing collaboration between State criminal justice agencies and State substance abuse systems; purchasing opioid reversal drugs and devices for first responders and providing training to carry and administer opioid reversal drugs and devices; and implementing medication-assisted treatment programs used or operated by criminal justice agencies.

As opioid abuse grant programs move forward, it is important we find a way to evaluate the success of these strategies and the effectiveness of the programs in implementing them.

This is why I support the requirements of the OPEN Act.

Specifically, the OPEN Act will:

Instruct the Departments of Justice and Health and Human Services to identify outcomes to be achieved and develop metrics for evaluating success in achieving those outcomes; enlist the National Academy of Sciences to evaluate and report to Congress on the outcomes and metrics of the grant programs; require grantees to report annually on the progress made through the grants; and instruct the Departments of Justice and Health and Human Services to complete an evaluation of the effectiveness of their grant programs after five years.

I am confident that the comprehensive approach we are taking to address opioid abuse will help address the Nation's growing epidemic.

For these reasons, I support the OPEN Act and the goal of ensuring the best possible response to treat and prevent opioid abuse in America, and I urge my colleagues to join me in supporting this bill.

The SPEAKER pro tempore (Mr. JENKINS of West Virginia). The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, H.R. 5052, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOODLATTE. Mr. Speaker, on that, I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

□ 1730

BULLETPROOF VEST PARTNERSHIP GRANT PROGRAM REAUTHORIZATION ACT OF 2015

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 125) to amend title I of the Omnibus Crime Control and Safe Streets Act of 1968 to extend the authorization of the Bulletproof Vest Partnership Grant Program through fiscal year 2020, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 125

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Bulletproof Vest Partnership Grant Program Reauthorization Act of 2015".

SEC. 2. EXTENSION OF AUTHORIZATION OF APPROPRIATIONS FOR BULLETPROOF VEST PARTNERSHIP GRANT PROGRAM.

Section 1001(a)(23) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3793(a)(23)) is amended to read as follows:

"(23) There is authorized to be appropriated to carry out part Y, \$25,000,000 for each of fiscal years 2016 through 2020."

SEC. 3. EXPIRATION OF APPROPRIATED FUNDS.

Section 2501 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 37961l) is amended by adding at the end the following:

"(h) EXPIRATION OF APPROPRIATED FUNDS.—

"(1) DEFINITION.—In this subsection, the term 'appropriated funds' means any amounts that are appropriated for any of fiscal years 2016 through 2020 to carry out this part.

"(2) EXPIRATION.—All appropriated funds that are not obligated on or before December 31, 2022 shall be transferred to the General Fund of the Treasury not later than January 31, 2023."

SEC. 4. SENSE OF CONGRESS ON 2-YEAR LIMITATION ON FUNDS.

It is the sense of Congress that amounts made available to carry out part Y of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 37961l et seq.) should be made available through the end of the first fiscal year following the fiscal year for which the amounts are appropriated and should not be made available until expended.

SEC. 5. MATCHING FUNDS LIMITATION.

Section 2501(f) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 37961l(f)) is amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2) the following:

"(3) LIMITATION ON MATCHING FUNDS.—A State, unit of local government, or Indian tribe may not use funding received under any other Federal grant program to pay or defer the cost, in whole or in part, of the matching requirement under paragraph (1)."

SEC. 6. APPLICATION OF BULLETPROOF VEST PARTNERSHIP GRANT PROGRAM REQUIREMENTS TO ANY ARMOR VEST OR BODY ARMOR PURCHASED WITH FEDERAL GRANT FUNDS.

Section 521 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3766a) is amended by adding at the end the following:

"(c)(1) Notwithstanding any other provision of law, a grantee that uses funds made

available under this part to purchase an armor vest or body armor shall—

“(A) comply with any requirements established for the use of grants made under part Y;

“(B) have a written policy requiring uniformed patrol officers to wear an armor vest or body armor; and

“(C) use the funds to purchase armor vests or body armor that meet any performance standards established by the Director of the Bureau of Justice Assistance.

“(2) In this subsection, the terms ‘armor vest’ and ‘body armor’ have the meanings given such terms in section 2503.”

SEC. 7. UNIQUELY FITTED ARMOR VESTS.

Section 2501(c) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 379611(c)) is amended—

(1) in paragraph (2), by striking “and” at the end;

(2) in paragraph (3), by striking “; or” and inserting “; and”;

(3) by redesignating paragraph (4) as paragraph (5); and

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

“(4) provides armor vests to law enforcement officers that are uniquely fitted for such officers, including vests uniquely fitted to individual female law enforcement officers; or”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 125, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. GOODLATTE. Mr. Speaker, I yield myself such time as I may consume.

Since 1999, the Bulletproof Vest Program, or BVP, has awarded more than 13,000 jurisdictions a total of \$393 million in Federal funds for the purchase of over 1 million bulletproof vests. The Bulletproof Vest Grant Program is a critical resource for State and local jurisdictions that has proven to save lives.

We must be sure that our law enforcement officers are protected from the risks inherent in the job. In 2016 alone, there have been 17 police officers killed by gunfire. In March, a bulletproof vest saved the life of Officer Andy Harris, who was shot when he responded to a shots fired call. He is but one of many officers saved by a bulletproof vest.

Based on data collected and recorded by the Department of Justice, protective vests were directly attributable to saving the lives of at least 33 law enforcement and corrections officers in 20 different States in a single year. At least 14 of those lifesaving vests had been purchased, in part, with BVP funds.

This bill reauthorizes BVP grants at \$25 million per year and extends the authorization through 2020. The bill has the support of all major law enforcement organizations, and has been approved by the Senate. With this authorization, we will immediately be impacting the safety of our law enforcement officers.

Law enforcement officers across the United States put their lives on the line every day to protect their communities and fellow citizens. As they continually make sacrifices for us, we must ensure that we provide them with resources to protect their lives as they protect ours.

Today’s approval of legislation reauthorizing a critical bulletproof vest grant program for State and local law enforcement officers will save lives. I thank Representative LOBIONDO and Senate Judiciary Committee Ranking Member LEAHY for their work on this issue and dedication to our Nation’s law enforcement officers.

I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume.

Members of the House, I rise in strong support of S. 125, the Bulletproof Vest Partnership Grant Program.

This bill, which would provide matching grants to State, local, and tribal law enforcement agencies so that they can purchase bullet-resistant vests for their officers, is important for several reasons.

To begin with, S. 125 will facilitate the provision of critical protection to law enforcement officers, who often risk their lives while serving our communities. While some of the approximately 800,000 law enforcement officers throughout the United States do have some form of bullet-resistant armor, far too many of these brave men and women are not afforded the same protection due to State and local budget constraints.

Since its inception, the Bulletproof Vest Partnership Grant Program has assisted State and local law enforcement agencies in obtaining the necessary protection equipment to safeguard the lives of their officers. To date, this program has provided more than 1 million officers with lifesaving vests. During the past 30 years, bullet-resistant vests have saved the lives of more than 3,000 law enforcement officers.

The timeliness of this bill provides a perfect opportunity to acknowledge National Police Week. Right now, thousands of law enforcement officers are in Washington, D.C., to honor their fellow officers who paid the ultimate sacrifice.

Each year, the National Law Enforcement Officers Memorial holds a vigil to recognize the newly engraved names of officers who died while serving and protecting the people in our communities.

We must do everything in our power to protect those who protect us. The

Bulletproof Vest Program will help prevent the deaths of officers, and we hope that even fewer names will have to be added to the National Law Enforcement Officers Memorial.

The bill is critical because it provides up to 50 percent of the costs for an officer’s new armor vest. The officer’s department, in turn, pays the remaining costs. Importantly, small police departments that service areas with less than 100,000 residents receive priority funding under this measure.

Finally, S. 125 responds to the critical concern that bullet-resistant vests—to achieve their intended goals of protecting an officer from life-threatening gunshots—must meet certain standards. To this end, the bill requires a law enforcement agency to purchase body armor that meets strict performance standards set by the National Institute of Justice.

Additionally, the agency must have a policy that encourages officers to wear their vests while on duty. And, the agency must ensure that these vests properly fit female officers as well.

For all of these reasons, I strongly support S. 125.

I reserve the balance of my time.

Mr. GOODLATTE. Mr. Speaker, we are prepared to close, and I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, I rise today in very strong support of S. 125, the Bulletproof Vest Partnership Grant Program Reauthorization Act.

Our brave law enforcement officers put their lives in harm’s way every day to protect our communities. The least we can do is provide them with the proper safety gear.

That is why we must authorize the highly successful Bulletproof Vest Partnership Grant Program to ensure that all of America’s law enforcement officers have access to the lifesaving protection they need. My friend, Mr. REICHERT, from the coast, and myself, pledged when we became coauthors of public safety in the Congress many, many years ago that not only do we need more police on the beat, but we need to protect them. There is no question in my mind we have allowed the bad guys to outarm the good guys, and we have to take a look at that.

Since it was established in 1999, this program has provided grantees with approximately \$247 million for more than 1 million lifesaving vests in over 13,000 State and local law enforcement agencies throughout the country. I did not hear any of those communities turn back the money. You are talking about 13,000 State and local law enforcement agencies.

There is a place for the Federal Government. There are responsibilities we cannot circumvent. While many officers are protected by bullet-resistant armor, there are an alarming number of officers in departments across our country that cannot afford this same

protection due to local budget constraints.

As long as I am in Congress, I will continue to do all that I can to work closely with law enforcement officials, not just talking with them and patting them on the back, so they have adequate resources to protect themselves while patrolling our streets.

I urge my colleagues to support swift passage of this bipartisan legislation that will help improve the protection of our law enforcement officials.

Mr. GOODLATTE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume for my closing remarks.

First, I would like to recognize the distinguished Senator from Vermont, PATRICK LEAHY, as being very, very influential in developing the measure before us under discussion now.

In closing, I note that we expect our law enforcement officers to protect those who are unable to protect themselves. But to do so, however, we must ensure that these brave men and women are themselves protected.

In 2012, for example, armor-resistant vests were credited with saving the lives of 33 law enforcement officers in 20 different States. Fourteen of those vests were purchased with the help of Bulletproof Vest Partnership Program funds.

In my home district in Michigan, the police departments for Highland Park, Melvindale, Romulus City, Wayne County, and others have received funds through this important program.

While some of the approximately 800,000 law enforcement officers throughout our country do have some form of bullet-resistant armor, far too many of these brave men and women are not afforded the same protection due to State and local budget constraints.

It is with great pleasure and privilege that I assure every Member of the House that S. 125 will ensure that this program continues to provide such vitally needed assistance.

I urge support for this measure.

I yield back the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. POE), a member of the Judiciary Committee, and he will close debate on our side.

Mr. POE of Texas. Mr. Speaker, I thank the gentleman from Virginia for yielding time.

Mr. Speaker, last month, a few weeks ago, Alden Clopton was on patrol after midnight. He is a deputy constable in Houston, Texas. He works for the constable's office at Precinct 7.

Constables are just like deputy sheriffs and police officers. They have all the power under the State of Texas laws as any other police officer.

He was on routine patrol with his rookie partner trainee, Ann Glasgow, and they made a traffic stop in a tough part of town in Houston, Texas. As the

investigation is taking place, Mr. Speaker, some outlaw snuck up behind Alden Clopton and pulled out a pistol and shot at him six times in the back.

Some of those bullets made their mark and some of those bullets missed. He owes his life, he says, to the bulletproof vest that he was wearing. Constable May Walker, a constable at Precinct 7, said he survived because he was wearing a vest.

□ 1745

You may have never heard of Alden Clopton, but he is a peace officer who comes from a peace officer family. His wife is a deputy sheriff; his three brothers are all in law enforcement; and his son is a cop in Mississippi, I believe. He lives today because he had a bulletproof vest on. As the ranking member has said and as the chairman has said, we owe it to peace officers to protect them when they go out in society and do society's dirty work for us—to protect and serve us.

This week is National Police Week. We honor our police officers—those who protect us, those who work the thin blue line to protect us from those who would do us harm. This is an appropriate piece of legislation to show peace officers like Alden Clopton and all of those throughout the country that we have their backs—that we support them—and that Congress is going to do what is necessary to protect them while they protect us.

And that is just the way it is.

Mr. GOODLATTE. Mr. Speaker, I yield back the balance of my time.

Mr. LOBIONDO. Mr. Speaker, the Senate counterpart to my legislation, H.R. 228, that will reauthorize the Bulletproof Vest Partnership Act, comes during a momentous week in law enforcement—National Police Week, starting this Sunday.

Thank you, as well, to the gentleman from Indiana, Mr. VISCLOSKY, for working with me on this legislation since its original passage in 1999.

Recent tragic events highlight the threats our men and women in uniform face each day.

However, these all-important vests cannot protect the lives of those who do not have access to them.

Now more than ever, it is imperative that we give law enforcement the tools they need so they may do their jobs and carry out their duties safely and effectively.

The Bulletproof Vest Partnership program is one of those critical tools.

In fact, we know from some of the most recent statistics, that 14 of 33 officers saved by bulletproof vests, were purchased using funds from the Bulletproof Vest Partnership program.

Since 1999, over 13,000 jurisdictions across the country have participated in the BVP program.

I encourage those law enforcement officials and concerned citizens listening, especially those in South Jersey, to apply for this vital program.

The deadline to do so, May 16th, is quickly approaching.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr.

GOODLATTE) that the House suspend the rules and pass the bill, S. 125.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

FEDERAL LAW ENFORCEMENT SELF-DEFENSE AND PROTECTION ACT OF 2015

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2137) to ensure Federal law enforcement officers remain able to ensure their own safety, and the safety of their families, during a covered furlough.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2137

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Federal Law Enforcement Self-Defense and Protection Act of 2015”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Too often, Federal law enforcement officers encounter potentially violent criminals, placing officers in danger of grave physical harm.

(2) In 2012 alone, 1,857 Federal law enforcement officers were assaulted, with 206 sustaining serious injuries.

(3) From 2008 through 2011, an additional 8,587 Federal law enforcement officers were assaulted.

(4) Federal law enforcement officers remain a target even when they are off-duty. Over the past 3 years, 27 law enforcement officers have been killed off-duty.

(5) It is essential that law enforcement officers are able to defend themselves, so they can carry out their critical missions and ensure their own personal safety and the safety of their families whether on-duty or off-duty.

(6) These dangers to law enforcement officers continue to exist during a covered furlough.

SEC. 3. DEFINITIONS.

In this Act—

(1) the term “agency” means each authority of the executive, legislative, or judicial branch of the Government of the United States;

(2) the term “covered Federal law enforcement officer” means any individual who—

(A) is an employee of an agency;

(B) has the authority to make arrests or apprehensions for, or prosecute, violations of Federal law; and

(C) on the day before the date on which the applicable covered furlough begins, is authorized by the agency employing the individual to carry a firearm in the course of official duties;

(3) the term “covered furlough” means a planned event by an agency during which employees are involuntarily furloughed due to downsizing, reduced funding, lack of work, or any budget situation including a lapse in appropriations; and

(4) the term “firearm” has the meaning given that term in section 921 of title 18, United States Code.

SEC. 4. PROTECTING FEDERAL LAW ENFORCEMENT OFFICERS WHO ARE SUBJECTED TO A COVERED FURLOUGH.

During a covered furlough, a covered Federal law enforcement officer shall have the

same rights to carry a firearm issued by the Federal Government as if the covered furlough was not in effect, including, if authorized on the day before the date on which the covered furlough begins, the right to carry a concealed firearm, if the sole reason the covered Federal law enforcement officer was placed on leave was due to the covered furlough.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous materials on H.R. 2137, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. GOODLATTE. Mr. Speaker, I yield myself such time as I may consume.

As we honor our law enforcement heroes for the annual Police Week, I rise in support of H.R. 2137, the Federal Law Enforcement Self-Defense and Protection Act of 2015.

Federal law enforcement officers face potentially dangerous situations on a daily basis whether they are on duty or off duty. Accordingly, they are permitted to carry their government-issued firearms on their persons even when they are not on duty. However, during the 2013 government shutdown, at least three Federal agencies forbade their law enforcement officers from carrying their government-issued firearms or credentials during the furlough. This decision potentially endangered these officers' lives by putting them at an unnecessary risk. Further, it prevented these highly trained officers from being able to respond to a critical incident or threat.

The Federal Law Enforcement Self-Defense and Protection Act will ensure that officers are able to defend and protect themselves on and off duty by allowing all covered Federal law enforcement officers to continue to carry their government-issued firearms during a furlough or a government shutdown. Allowing our highly trained and experienced Federal law enforcement officers to carry their firearms during a furlough not only ensures their safety and protection, but the safety and protection of their families and those around them.

As we honor our Nation's law enforcement officers this week during the annual National Police Week, let's ensure that the brave men and women of the Federal law enforcement community have the capability to defend themselves and others and to respond to threatening situations even in a time of furlough.

I thank the bill's sponsor, Mr. COLLINS of Georgia, for his work on this

important measure, and I urge my colleagues to support this bipartisan legislation.

I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume.

Members of the House, I rise in support of H.R. 2137, the Federal Law Enforcement Self-Defense and Protection Act.

This bill would authorize Federal law enforcement officers to carry their government-issued firearms during government shutdowns and administrative furloughs that result from lapses in appropriations. Essentially, this measure would help ensure that those who protect us are able to continue to do so even during an official furlough. The ability of our Federal law enforcement officers to respond to critical incidents should not be impeded, particularly when violent crimes are committed in their presence.

H.R. 2137 does not expand Federal law enforcement officers' authority to carry firearms. The bill merely authorizes these officers to continue to carry their federally issued firearms as if a furlough had not occurred. This legislation recognizes the very real threat of harm that many of our officers face, particularly special agents, on a regular basis—a threat that does not simply disappear because of a government shutdown.

In 2012, for example, more than 1,800 Federal law enforcement officers were assaulted and, of those, approximately 200 sustained serious injuries. Even when off duty, Federal law enforcement officers remain the target of assault. For example, between 2011 and 2014, 27 law enforcement officers were killed while they were off duty.

Although this legislation only concerns Federal officers, I want to take a moment to recognize the State, local, and Federal officers who have sacrificed their lives in serving our communities.

This week, law enforcement officers throughout the United States have come to Washington to show their support for our fallen officers during National Police Week. In the spirit of National Police Week, it is vitally important that our Federal officers are able to protect people in our communities, themselves, and their family members from the continuing threats they encounter. Given the fact that H.R. 2137 facilitates this critical goal, I am eager to support this bill.

I reserve the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. COLLINS), a member of the Judiciary Committee and the chief sponsor of this legislation.

Mr. COLLINS of Georgia. Mr. Speaker, I appreciate the opportunity to rise today in support of H.R. 2137, the Federal Law Enforcement Self-Defense and Protection Act.

I thank Chairman GOODLATTE and Ranking Member CONYERS for their

support of this legislation and for their commitment to getting it to the floor today. With their support, H.R. 2137 passed the Judiciary Committee on a voice vote.

I also thank my friends, Congresswoman GABBARD from Hawaii, Congressman REICHERT from Washington, and Congressman PASCRELL from New Jersey, for joining me in introducing H.R. 2137 and for their strong support of this bill.

Finally, I thank Senator TOOMEY for introducing the companion legislation in the Senate.

Mr. Speaker, I introduced this legislation to provide better protections for law enforcement officers, and I am glad to see that it is moving forward. It is particularly fitting that we consider this bill this week during National Police Week. Thousands of law enforcement officers are here from all over the country to commemorate their partners who have fallen in the line of duty and to recognize their sacrifices and contributions. I thank them for their service.

This is also a special week for this Congressman from the Ninth Congressional District of Georgia because I am a proud son of a Georgia State trooper. I know firsthand how hard they work and of the sacrifices they make in their time away from their families. He made sure that my brother and I had all of the chances at life that he had. I thank him because I know when he was off duty, as I was growing up, he was no less concerned about protecting the community. The dangers that were associated with his job didn't stop just because he came home to us. I think this holds true for all law enforcement officers.

Our law enforcement officers are highly trained and they are well aware of the responsibilities that are associated with their jobs. In light of that training and of the dangers faced by officers, Federal law enforcement officers are typically allowed to carry their firearms 24 hours a day, 7 days a week, 365 days a year. It just seems like common sense. Federal law enforcement officers don't cease to be officers when they are off duty. Crime doesn't stop simply because an officer isn't working on a particular day. The Federal Law Enforcement Self-Defense and Protection Act recognizes that and takes important steps to ensure that law enforcement officers can better protect themselves.

In 2013, during the Federal Government shutdown, at least three Federal agencies determined that the Antideficiency Act required them to forbid their law enforcement officers from carrying their agency-issued firearms or their personally owned firearms that were authorized by the agency. This interpretation of the law meant that at least 1,800 officers were disarmed.

During this time, there were reports confirming that at least one disarmed Federal law enforcement officer was

attacked while off duty. Fortunately, she was able to get away unharmed, but the incident highlights the real dangers that officers face even while off duty. In fact, in 2012 alone, more than 1,800 Federal officers were assaulted with 206 of them having sustained serious injuries. From 2008 to 2011, more than 8,500 Federal law enforcement officers were assaulted; and in the last 3 years, 27 Federal law enforcement officers have been killed while off duty.

The threats and dangers are real. That is why, at a minimum, we should ensure that the policies to protect law enforcement officers are clear and consistent. However, there are reports that officers were disarmed inconsistently at other agencies. It is clear that the policies varied by agency. This level of inconsistency does not make sense, just as the policy to disarm officers doesn't make sense.

H.R. 2137 ensures that it is clear that Federal law enforcement officers can carry their weapons in the event of a lapse of appropriations or of an administrative furlough. Under the bill, officers retain the right to carry their government-issued firearms for personal protection or to respond to a critical incident.

Importantly, this bill does not protect those who are on administrative leave or those who have lost the right to carry. It does not expand firearms carry authority to law enforcement officers who do not currently possess it, but it does ensure that there is a consistent policy for those officers who are able to carry and who are furloughed through no fault of their own.

The legislation is narrowly tailored, but it has a large impact. H.R. 2137 recognizes that Federal officers could be confronted by job-related threats whether they are on duty or off. It recognizes that officers need to be able to protect themselves, their families, and their communities. This bill is a bipartisan agreement that protects our law enforcement officers, who put their lives on the line to protect us, and it makes sure that it is a priority. This bill is supported by the Federal Law Enforcement Officers Association, the Fraternal Order of Police, and the National Association of Police Organizations.

H.R. 2137 is a sign of the recognition that we must do everything in our power to ensure that law enforcement officers have access to the tools they need to protect themselves and the public. Speaking also as a State trooper's kid, it reminds me that my dad, for all that he did in the 30-plus years that he worked, was on duty when he was not on duty. This is simply a recognition that all of our officers carry that same trust, and we want to give them the tools to do what they need to do.

Mr. CONYERS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE), a senior member of the Judiciary Committee.

Ms. JACKSON LEE. I thank the authors of this legislation, as well as the

previous speaker, my friend, for his articulation of this bill, and I thank all of the Members who are on the floor joining in support of H.R. 2137, the Federal Law Enforcement Self-Defense and Protection Act of 2015. I thank Mr. CONYERS, the ranking member, for yielding to me.

Mr. Speaker, let me express my recognition and appreciation of the thousands of families who will come to honor those police officers who have fallen in duty—many of them, their loved ones. We honor law enforcement officers who gave their lives in the line of duty. The loss of one officer's life is one too many. In considering the myriad of dangers our officers face, we must ensure they have the appropriate authority to protect our communities and themselves.

I support this legislation because it will make it clear that the brave Federal law enforcement officers who protect us will not be forced to lock away their government-issued firearms in the event of official furloughs, such as those occasioned by government shutdowns.

□ 1800

Our Federal law enforcement officers must be prepared to respond to numerous threats faced each day by our country, and this bill will help them do so without expanding any existing authority or creating new ones.

This bill ensures our Federal law enforcement agencies uniformly provide our special agents and other law enforcement officers with the necessary support to respond to critical incidents.

Our officers are highly trained and understand the importance associated with possessing government-issued weapons.

Let me conclude my remarks by again expressing my appreciation to the authors and the chairman and the ranking member of the full committee.

I look forward as we move forward on legislation such as the Law Enforcement Integrity Act. We want to continue to give our police officers the skills and tools to be able to do the work that they love, and that is protecting the men and women of this Nation.

Again, I offer my appreciation, respect, and sympathy as we honor those who have fallen in duty to all of their families.

I ask support for H.R. 2137.

I wish to express my full support for the Bulletproof Vest Partnership Grant Program Reauthorization Act of 2015.

I am a cosponsor of the House version of this bill, and I support adoption of this Senate-passed bill so that we can send it to the President for signature.

In an effort to keep our citizens safe, law enforcement and correctional officers put their lives on the line each day, in every state and territory of the United States.

Gun violence poses a lethal threat to all of us, and our law enforcement officers are often particularly at risk while protecting us.

Reauthorization of the Bulletproof Vest Partnership Grant Program will provide our officers with needed protection when they come face-to-face with individuals who seek to do harm to the officers and others.

Last year, 42 law enforcement officers were killed by gunfire.

Seventeen law enforcement officers have already been killed by gunfire this year.

In some instances, greater availability of protective vests may have saved the lives of these officers.

This program not only promotes the purchase of protective vests and body armor, but it also encourages officers to protect themselves by wearing the equipment.

In order to receive funds, grantee jurisdictions must certify during the application process that they have a mandatory wear policy.

This requirement ensures that all uniformed patrol officers in a grantee jurisdiction will wear protective vests or body armor while on duty.

Each vest purchased through the program must pass strict performance standards set by the National Institute of Justice.

The program also gives special consideration to jurisdictions with fewer than 100,000 residents.

Without these grants, small jurisdictions might not be able to include this life-saving equipment in their budgets—leaving officers vulnerable to the daily dangers of policing.

Last year, in my district, the Houston Community College Police Department received \$8,260.45 from the BVP program, enabling the purchase of 24 protective vests.

And the Jacinto City Police Department was able to purchase 7 armor vests with \$2,135.90 received through the BVP program.

The state of Texas received a total of \$1,090,175.60 in matching funds from this program in 2015, which made the purchase of 2,834 new protective vests possible.

Since its inception in 1999, the Bulletproof Vest Partnership Grant Program has helped provide more than 1 million vests as of December 2014, to law enforcement officers in more than 13,000 jurisdictions.

The number of women in law enforcement continues to grow.

Yet much of the protective armor currently offered is primarily designed for male officers.

To be certain female officers receive the same level of protection as their male counterparts, the BVP program gives priority to jurisdictions that provide uniquely-fitted vests, including protective vests that conform anatomically to females.

From conducting traffic stops to responding to domestic violence calls, our law enforcement officers often face extreme danger.

Those dangers are evidenced this week—National Police Week—as we honor the brave men and women who gave their lives to protect us and our communities.

As we honor our law enforcement officers during National Police Week, with particular recognition for the sacrifice of fallen officers and their families, it is fitting that we complete work on this legislation today so that it may become law.

Therefore, I urge my colleagues to support S. 125.

Mr. GOODLATTE. Mr. Speaker, I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, I rise today in very strong support of H.R. 2137.

I thank Representative DOUG COLLINS. This is a good, gutsy bill. I thank my co-chair of the Law Enforcement Caucus, Representative DAVE REICHERT, who is always there for every law enforcement person in this country, regardless of which level that law enforcement officer serves, be it Federal, state, county, or local, and Representative TULSI GABBARD for introducing this bipartisan legislation.

Federal law enforcement officers risk their own safety to make our communities safer every day. We need to make sure that they have the tools they need to do the job.

Law enforcement officers were ordered—and you have heard this before—to lock up their government-issued weapons and were prohibited from carrying their government-issued credentials while carrying their personally owned weapon during the last government shutdown.

This decision potentially endangered one female agent. We just heard that described. Thankfully, she was able to deescalate the situation and walk away unharmed.

This incident serves as a reminder that criminals don't care if Federal officers are furloughed, and it highlights the very real need to ensure that law enforcement officers have the means to protect themselves regardless of their duty status.

This bill will allow the brave members of the Federal law enforcement community to have the capability to defend themselves and respond to threatening situations even in a time when they are off or furloughed.

I urge my colleagues to support swift passage of this bipartisan legislation.

Mr. GOODLATTE. Mr. Speaker, I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume for my concluding remarks.

Members of the House, in 2004, Congress, in recognition of the serious dangers faced by the Federal law enforcement officers, passed the Law Enforcement Officers Safety Act, which authorizes Federal law enforcement officers to carry concealed weapons in any jurisdiction in the United States.

Passage of H.R. 2137 would ensure that, when appropriations lapse or another government shutdown occurs, which we hope it won't, Federal law enforcement officers authorized to carry firearms will continue to be able to carry their government-issued firearms throughout the shutdown's duration for personal protection and to respond to critical incidents.

I urge support for this bill. I thank all of the Members who contributed to it.

I yield back the balance of my time. Mr. GOODLATTE. Mr. Speaker, this is a good piece of legislation. I urge my colleagues to support it and support our law enforcement officers.

I yield back the balance of my time. Mr. POE of Texas. Mr. Speaker, as we honor police week, I rise in support of another common sense bill that would benefit the men and women who serve our nation in federal law enforcement.

The Federal Law Enforcement Self-Defense and Protection Act is a simple bill, it allows a federal law enforcement officer to carry their government issued firearm during a furlough in the same way that they could carry their weapon if there was no furlough.

The risks that federal law enforcement officials face are the same whether or not they are on furlough or not. Some federal law enforcement officials have even been specifically targeted because of their positions.

These brave men and women should not be put in jeopardy due to a budget shortfall or an inability to pass a budget. The risks they face are the same, they have the right to defend themselves.

I thank Rep. COLLINS for bringing this bill forward, and I urge your support today.

That's just the way it is.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, H.R. 2137.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

RECOVERING MISSING CHILDREN ACT

Mr. PAULSEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3209) to amend the Internal Revenue Code of 1986 to permit the disclosure of certain tax return information for the purpose of missing or exploited children investigations, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3209

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Recovering Missing Children Act".

SEC. 2. DISCLOSURE OF CERTAIN RETURN INFORMATION RELATING TO MISSING OR EXPLOITED CHILDREN INVESTIGATIONS.

(a) IN GENERAL.—Section 6103(i)(1) of the Internal Revenue Code of 1986 is amended—

(1) by inserting "or pertaining to the case of a missing or exploited child," after "may be a party," in subparagraph (A)(i),

(2) by inserting "or to such a case of a missing or exploited child," after "may be a party," in subparagraph (A)(iii), and

(3) by inserting "(or any criminal investigation or proceeding, in the case of a matter relating to a missing or exploited child)" after "concerning such act" in subparagraph (B)(iii).

(b) DISCLOSURE TO STATE AND LOCAL LAW ENFORCEMENT AGENCIES.—

(1) IN GENERAL.—Section 6103(i)(1) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

"(C) DISCLOSURE TO STATE AND LOCAL LAW ENFORCEMENT AGENCIES IN THE CASE OF MATTERS PERTAINING TO A MISSING OR EXPLOITED CHILD.—

"(i) IN GENERAL.—In the case of an investigation pertaining to a missing or exploited child,

the head of any Federal agency, or his designee, may disclose any return or return information obtained under subparagraph (A) to officers and employees of any State or local law enforcement agency, but only if—

"(I) such State or local law enforcement agency is part of a team with the Federal agency in such investigation, and

"(II) such information is disclosed only to such officers and employees who are personally and directly engaged in such investigation.

"(ii) LIMITATION ON USE OF INFORMATION.—Information disclosed under this subparagraph shall be solely for the use of such officers and employees in locating the missing child, in a grand jury proceeding, or in any preparation for, or investigation which may result in, a judicial or administrative proceeding.

"(iii) MISSING CHILD.—For purposes of this subparagraph, the term 'missing child' shall have the meaning given such term by section 403 of the Missing Children's Assistance Act (42 U.S.C. 5772).

"(iv) EXPLOITED CHILD.—For purposes of this subparagraph, the term 'exploited child' means a minor with respect to whom there is reason to believe that a specified offense against a minor (as defined by section 111(7) of the Sex Offender Registration and Notification Act (42 U.S.C. 16911(7))) has or is occurring."

(2) CONFORMING AMENDMENTS.—

(A) Section 6103(a)(2) of such Code is amended by striking "subsection (i)(7)(A)" and inserting "subsection (i)(1)(C) or (7)(A)".

(B) Section 6103(p)(4) of such Code is amended by striking "(i)(3)(B)(i)" in the matter preceding subparagraph (A) and inserting "(i)(1)(C), (3)(B)(i),".

(C) Section 7213(a)(2) of such Code is amended by striking "(i)(3)(B)(i)" and inserting "(i)(1)(C), (3)(B)(i),".

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

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Minnesota (Mr. PAULSEN) and the gentleman from New Jersey (Mr. PASCRELL) each will control 20 minutes.

The Chair recognizes the gentleman from Minnesota.

GENERAL LEAVE

Mr. PAULSEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 3209, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Minnesota?

There was no objection.

Mr. PAULSEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker and Members, this week we have thousands of members of the law enforcement community here in Washington to celebrate Police Week.

Every day police officers throughout our country wear the uniform with pride, and they understand the tremendous responsibility that comes with it, putting the safety of others before the safety of themselves.

They protect us, they protect our families, and they protect our neighborhoods. We owe it to these police officers to give them every reasonable

tool possible to solve crimes and keep our communities safe.

Unfortunately, police officers are currently being denied a critical resource when it comes to solving child abduction and missing children cases. While many may picture the perpetrators of these crimes as strangers, the reality is actually very difficult to fathom, and that is because every year there are more than 200,000 cases of children that are abducted by a parent or a relative.

The psychological and emotional damage inflicted on a child in these cases can be devastating. Abducted children often are moved from city to city and prohibited from going to school or participating in youth activities due to a fear by the perpetrator of being caught. Many of these children are told that the parent that they are separated from is dead or no longer wants them.

Statistics show that an abducted child is at a higher risk for physical abuse, and some psychologists believe that family abduction is one of the most devastating forms of child abuse.

Here is the opportunity, Mr. Speaker. Research shows that, in a significant number of child abductions, the perpetrator will file a tax return using this child's Social Security number, providing a current address, and a potential case-breaking discovery.

One report found that as many as 46 percent of these cases could be solved if law enforcement had access to this information. While this type of critical tax information can be accessed to solve other serious crimes, current law does not allow police officers to access Federal tax records to help them find an abducted child. Without such a valuable tool, it could be very difficult for law enforcement to solve these cases when the suspect has left the area and has taken action to conceal their new location.

The bipartisan Recovering Missing Children Act will allow investigators to access this critical information and reunite families. This is a commonsense fix that fills the information gap, potentially solving thousands of cases and saving lives.

It is endorsed by the National Center for Missing and Exploited Children, the Fraternal Order of Police, the Sergeants Benevolent Association, the National Association of Police Officers, the Major County Sheriffs' Association, and the Major Cities Chiefs Association.

Mr. Speaker, I include in the RECORD two letters in support of H.R. 3209.

APRIL 7, 2016.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
Washington, DC.

Hon. SANDER LEVIN,
Ranking Member, Committee on Ways and Means,
Washington, DC.

DEAR MR. CHAIRMAN & REPRESENTATIVE LEVIN: On behalf of the undersigned organizations, we write to advise you of our strong support for H.R. 3209, the "Recovering Missing Children Act," and to request that the

Committee consider and mark up this legislation at the earliest possible opportunity.

The National Center for Missing and Exploited Children reports that more than 200,000 children are abducted by their parents or other close relatives every year. According to findings from the Treasury Inspector General for Tax Administration, however, new addresses for these missing children can be identified as often as 46 percent of the time through analysis of taxes subsequently filed using either the suspected perpetrator's or the missing child's Social Security Number. Unfortunately, despite the value that this evidence would have in combating child abductions, the IRS is currently constrained from providing the relevant tax information to law enforcement.

To the extent that law enforcement needs access to every available tool to aid in the swift recovery of missing children, H.R. 3209 would solve this problem by filling the information gap. Specifically, the bill would amend current law to add the case of a missing child to the list of exceptions that allow the IRS to release tax return information to law enforcement. Given the sensitivity of taxpayer data, the bill would limit the disclosure of relevant tax information solely to those law enforcement officers who are engaged in the recovery of a missing child or the subsequent investigation and prosecution of the alleged abductor. As a result, we believe the "Recovering Missing Children Act" strikes the proper balance between protecting taxpayer privacy and facilitating the ability of law enforcement to reunite missing children with their families.

H.R. 3209 represents a commonsense solution to the unintended consequences of laws protecting taxpayer information that is limited to specific scenarios of child abduction. On behalf of our organizations and the men and women of law enforcement that we are proud to represent, we therefore stand ready to work with you and the other Members of the Committee to advance the "Recovering Missing Children Act" as expeditiously as possible.

Sincerely,

FEDERAL LAW
ENFORCEMENT OFFICERS
ASSOCIATION;
FRATERNAL ORDER OF
POLICE;
INTERNATIONAL
ASSOCIATION OF CHIEFS
OF POLICE;
MAJOR CITIES CHIEFS
ASSOCIATION;
MAJOR COUNTY SHERIFFS'
ASSOCIATION;
NATIONAL ASSOCIATION OF
POLICE ORGANIZATIONS;
NATIONAL NARCOTIC
OFFICERS' ASSOCIATIONS'
COALITION;
SERGEANTS BENEVOLENT
ASSOCIATION NYPD.

NATIONAL CENTER FOR MISSING &
EXPLOITED CHILDREN,
Alexandria, VA, January 12, 2016.

Hon. ERIK PAULSEN,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE PAULSEN: On behalf of the National Center for Missing & Exploited Children (NCMEC) and the families and children we serve, I am writing to express our support for your legislation, the Recovering Missing Children Act (H.R. 3209). This bill provides law enforcement with an additional tool in their search for missing and exploited children.

As you know, NCMEC was created as a private, non-profit organization in 1984 and designated by Congress to serve as the national

clearinghouse on issues related to missing and exploited children. NCMEC provides services to families, private industry, law enforcement, victims, and the general public to assist in the prevention of child abductions, the recovery of missing children, and the provision of services to combat child sexual exploitation. NCMEC performs 22 functions, including those related to assisting law enforcement, families, and others regarding family abductions.

Child abduction by a parent is a crime under both federal and state law. These children suffer emotional abuse, including lack of identity and grief over the loss of a parent. The abductor may give the child a false explanation for the abduction and/or indicate that the searching parent no longer wants the child. Abductors who move the child between cities, or between countries, make it difficult for law enforcement and the searching parent to locate and recover the child.

In order to ensure that law enforcement has access to information that could lead to the recovery of a missing or exploited child, we believe the Internal Revenue Service (IRS) database is one resource that could provide key information to help law enforcement. A 2007 study by the Department of Treasury Inspector General for Tax Administration (TIGTA) confirmed that the IRS database contains information that could help law enforcement investigating these cases. For example, according to the study, addresses that were different from those where the children and/or alleged abductors lived at the time of the abductions were found for 46% of the missing children (237 out of 520) and 34% of the alleged abductors (104 out of 305). Thus, making it apparent that IRS information could help law enforcement investigating cases involving missing and exploited children.

The current framework of the Internal Revenue Code makes it very difficult, and often impossible, for federal law enforcement investigating missing child cases to use the exceptions from Section 6103 to access IRS information.

A clarification in the law is necessary to ensure the disclosure of IRS data that could lead to the recovery of a missing or exploited child. As such, we believe the legislation you have sponsored—the Recovering Missing Children Act—could enhance law enforcement's ability to locate missing and exploited children.

NCMEC is proud to lend our support to this important legislation and we are grateful for your dedication to the safety of our nation's children.

Sincerely,

JOHN F. CLARK,
President and CEO.

Mr. PAULSEN. Mr. Speaker, I thank my colleague, Representative JOE COURTNEY, for his leadership and bipartisan advocacy on this issue.

I also thank my friend, Mr. PASCRELL, who is on the Ways and Means Committee, for his leadership, along with Congressman REICHERT, who is a member of the Law Enforcement Caucus, for getting behind this legislation, showing again that both parties can work together on meaningful legislation that improves the lives of American families.

As we prepare for the National Missing Children's Day coming up on May 25, I encourage my colleagues to support this bill today so we can give investigators the tools that they need to crack the case and bring a missing child home.

I reserve the balance of my time.

Mr. PASCARELL. Mr. Speaker, I yield myself such time as I may consume.

I am proud to be a cosponsor of H.R. 3209, the Recovering Missing Children Act. I thank my friend, Representative ERIK PAULSEN, for introducing it. It is strong, it is reasonable, and it is the right thing to do. Representative JOE COURTNEY has waited and worked for this legislation for a long time.

As a father and a grandfather, I can't even begin to imagine what parents go through in the event their child goes missing. I can't imagine it. I really can't. And I certainly can't imagine hearing that law enforcement is handicapped in its ability to do everything possible to help bring their child back.

Mr. Speaker, there are 200,000 kids that are abducted by a family member every year. That is something for another day perhaps, but it is part of this problem here.

In 2007, a study by the Treasury Inspector General for Tax Administration, TIGTA—we use that term a lot in the Ways and Means Committee—found that tax return information could be helpful in many cases involving missing children.

TIGTA reviewed whether IRS data would show addresses for persons claiming tax benefits with respect to those missing children after the time of the abduction or their suspected abductors. That sounds pretty bizarre, but that is happening.

TIGTA looked at 520 missing children's cases and found that the IRS data showed new addresses for 46 percent of the cases. Similarly, IRS data showed new addresses for 34 percent of suspected abductors.

Federal law rightly prohibits the IRS from disclosing confidential taxpayer information except in a limited number of exceptions. For example, this information may be released to Federal Government employees if ordered by a Federal judge in preparation for a nontax-related criminal prosecution.

H.R. 3209 would add criminal investigations related to missing or exploited children as one of these exceptions. We should be thankful to the author of this legislation because this is a critical exception that should have been done a long time ago.

The bill would also allow this information to be released to State and local law enforcement officials who are working with the Federal agency in its missing or exploited child investigation.

Mr. Speaker, I urge my colleagues to support this important bill.

I reserve the balance of my time.

Mr. PAULSEN. Mr. Speaker, I yield 4 minutes to the gentleman from Washington (Mr. REICHERT), who has long been an advocate for law enforcement and has always been on the front lines helping law enforcement with their initiatives and helping victims.

Mr. REICHERT. Mr. Speaker, I thank both Mr. PAULSEN and Mr. PASCARELL for their support and for the energy

and the effort they put behind this legislation.

As I was sitting here waiting for my turn to speak, I was thinking to myself that I will be 66 years old here in a few weeks. So half of my life, 33 years, was in law enforcement. It kind of stunned me for a second.

□ 1815

I have been in Congress now 11½ years. I have found that there are some very, very good friends here in Congress who support law enforcement. This is not a partisan issue. Mr. PASCARELL and I have been great partners as co-chairs of the Law Enforcement Caucus, and he is a valiant fighter for law enforcement, firefighters, all first responders. We make a great team. As you can see, there are others who have joined us here today.

In my 33 years, Mr. Speaker, I have had the opportunity to work on patrol, to search for kids in that moment in time where you get a call to a shopping mall and a mother has turned her head for a minute or a father has just let go of the hand of the child for a second and turned around and the child is gone. You can just see the panic in their eyes and the fear in their face. But a few minutes later, they are found wandering around in a toy shop or hiding somewhere, playing hide-and-seek, and they have their child back within minutes.

But, Mr. Speaker, there are other families that aren't so fortunate, that I have had the honor of meeting, where their child had been missing for years. Some are fortunate enough, Mr. Speaker, to get their child back. I have been at the other end of that, where you search and you find. I found a young man up in the mountains of Alaska who had been taken by his father and whisked away in an old camper and hidden in the mountains of Alaska. We found him safe and returned him to his mom.

Mr. Speaker, I have also had the sad experience of finding a missing child dead. I have had to be the one who went to the home and notified the mom and dad: We found Cindy, but she is not alive. Someone killed her.

These are tough cases. When I was working these cases, I would say to the family: We are going to get your child back, and we will find the person responsible for taking your child. When I was a detective, I said the same thing: We are going to be tough, and we will find them.

Today, with this Federal legislation, we are even saying it in stronger words. Now the local law enforcement agencies have the power of the Federal Government. That information that we needed back in the day when I was an officer on the street or a detective on the street, I didn't have. But today we are going to give them that power and authority.

The message today is: those who take children from their homes, those who take children off the streets, we will

find you—we will find you—because I don't want police officers knocking on a door and telling a parent that their child won't be coming home.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PAULSEN. Mr. Speaker, I yield an additional 2 minutes to the gentleman.

Mr. REICHERT. Mr. Speaker, when I was a detective on the Green River Task Force, we solved over 2,000 cases of missing women, young women, and girls over that period of time. We solved 51 murders, and we worked closely with the families. Those detectives who went home every night did not go home and stop thinking about these cases. I know that every one of those detectives and every one of the families involved in that investigation today appreciate the action of Mr. PAULSEN, Mr. PASCARELL, and all those who support this bill.

I know families that actually kept their child's bedroom exactly the way it was the day they went missing, for 5 or 6 years. They didn't change a thing because they always have hope. They always have hope that their daughter or their son will be coming home, until the day that door gets a knock and the officer arrives and says: We found little Johnny, or, Little Johnny won't be coming home.

Mr. Speaker, I urge everyone to support this legislation. I appreciate so much the action by everyone involved in bringing this forward.

Mr. PASCARELL. Mr. Speaker, I yield 4 minutes to the gentleman from Connecticut (Mr. COURTNEY). He has worked very hard on this issue for a very, very long time.

Mr. COURTNEY. Mr. Speaker, I thank Mr. PASCARELL for yielding time, and I thank my good friend and colleague ERIK PAULSEN for his great work in getting us to this point today where finally we are going to move this measure forward.

It is almost 5 years to the day that Mr. PAULSEN and I introduced this legislation, along with a number of others, in 2011, to deal with this really, just almost inexplicable anomaly in the law which basically says that one arm of the government—the IRS—can actually know the whereabouts of a missing child but can't share that information with another arm of government—namely, State and local law enforcement—which, in most cases, almost 100 percent of cases involving missing children, is the level of government that actually deals with the investigation and attempts to recover children.

So you have a situation where you have got all these resources and efforts happening at the State and local level scurrying around, trying to find leads for abducted children, yet the government is sitting on information in terms of tax returns that were filed with the Social Security number of the child who is missing or the suspected abductor, and the two levels of government can't talk to each other.

This legislation will break down that barrier and allow, again, timely information to be shared for the thousands of children, which we know from data that the missing children foundation and other law enforcement groups have been sharing with Congress over a number of years.

So again, as was said earlier, the data is astonishing: 200,000 abductions are reported each year; 12,000 tend to last longer than 6 months. In 2007, the Treasury Department looked at 1,700 Social Security numbers of missing kids and found that, as Mr. PASCRELL said, over a third had been used in returns after the abduction.

For some it is really kind of hard to imagine how an abducting relative or even stranger could have the nerve to file a tax return and claim the Social Security and child exemption for the child that they have in their possession, but the data shows that, in fact, that happens. It may be because they are anxious to get the refund; it may be because they don't want to be violating a second set of laws in terms of not filing a tax return. But the fact of the matter is that there are thousands of children that the government knows their whereabouts, and this law will allow that information to be shared. For every family that will benefit from it, it really is just an amazing opportunity for us to really relieve the stress and pain that these horrible cases inflict year in and year out.

As I said, it took 5 years. We have a great coalition of outside groups that are supporting it. As Calvin Coolidge once said: "Nothing in the world can take the place of persistence . . . The slogan 'Press On' has solved and always will solve the problems of the human race." This, I think, is an example of it. It took 5 long years, but the House is now poised to move forward on H.R. 3209, Recovering Missing Children Act, and again we want to get swift passage and move this through the Senate and to the President's desk so that we can, again, provide a lot of relief and solace to families that are anxiously looking for their loved ones.

Mr. PAULSEN. Mr. Speaker, having no other speakers, I reserve the balance of my time.

Mr. PASCRELL. Mr. Speaker, I yield myself the balance of my time to close.

When Mr. REICHERT said before that we will track you down and find you, he meant it, because he was on many a chase in his 33 years in law enforcement, and he always gave special attention to those that involved children.

I want to congratulate Representative PAULSEN. Most of the time, almost all the time, he always provides a reasonable resolution to problems. I mean that.

I know that we simply cannot have information at our fingertips that can help bring an abducted child home and not allow law enforcement to use it. Allowing law enforcement to use information that can help locate missing and abducted children is a no-brainer.

We need to establish a system that protects taxpayers' privacy but also allows law enforcement to do its job. This bill does just that.

I urge my colleagues to support this commonsense legislation. It has been a good, bipartisan few hours.

Mr. Speaker, I yield back the balance of my time.

Mr. PAULSEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I won't go on too much longer. We have had great testimony and offerings today by folks who have been working in a very bipartisan way on a very key component that has been around for 5 years but will absolutely make a difference in solving missing child abduction cases. It is common sense, it is bipartisan, and most importantly, it will help reunite families with missing children.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. PAULSEN) that the House suspend the rules and pass the bill, H.R. 3209, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 6 o'clock and 27 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 4957, by the yeas and nays;

H.R. 5052, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The second electronic vote will be conducted as a 5-minute vote.

ARIEL RIOS FEDERAL BUILDING

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 4957) to designate the Federal building located at 99 New York Ave-

nue, N.E., in the District of Columbia as the "Ariel Rios Federal Building", on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. CURBELO) that the House suspend the rules and pass the bill.

The vote was taken by electronic device, and there were—yeas 401, nays 0, not voting 32, as follows:

[Roll No. 180]

YEAS—401

Abraham	Cramer	Heck (WA)
Adams	Crawford	Hensarling
Aderholt	Crenshaw	Hice, Jody B.
Aguilar	Crowley	Higgins
Allen	Cuellar	Hill
Amash	Culberson	Himes
Amodei	Cummings	Hinojosa
Ashford	CurbeLO (FL)	Holding
Babin	Davis (CA)	Honda
Barletta	Davis, Danny	Hoyer
Barr	Davis, Rodney	Huelskamp
Barton	DeFazio	Huizenga (MI)
Bass	DeGette	Hultgren
Beatty	Delaney	Hunter
Becerra	DeLauro	Hurd (TX)
Benishek	DelBene	Hurt (VA)
Bera	Denham	Israel
Beyer	Dent	Issa
Bilirakis	DeSantis	Jackson Lee
Bishop (GA)	DeSaulnier	Jeffries
Bishop (MI)	DesJarlais	Jenkins (KS)
Bishop (UT)	Deutch	Jenkins (WV)
Black	Diaz-Balart	Johnson (GA)
Blackburn	Dingell	Johnson (OH)
Blum	Doggett	Johnson, E. B.
Blumenauer	Dold	Johnson, Sam
Bonamici	Donovan	Jolly
Bost	Doyle, Michael	Jones
Boustany	F.	Jordan
Boyle, Brendan	Duffy	Joyce
F.	Duncan (SC)	Kaptur
Brady (PA)	Duncan (TN)	Katko
Brady (TX)	Edwards	Keating
Brat	Elmers (NC)	Kelly (IL)
Bridenstine	Emmer (MN)	Kelly (MS)
Brooks (AL)	Engel	Kelly (PA)
Brooks (IN)	Eshoo	Kennedy
Brown (FL)	Farenthold	Kildee
Brownley (CA)	Farr	Kilmer
Buchanan	Fitzpatrick	Kind
Buck	Fleischmann	King (IA)
Bucshon	Fleming	King (NY)
Burgess	Flores	Kinzinger (IL)
Bustos	Forbes	Kirkpatrick
Butterfield	Fortenberry	Kline
Byrne	Foster	Knight
Calvert	Fox	Kuster
Capps	Franks (AZ)	Labrador
Capuano	Frelinghuysen	LaHood
Cárdenas	Fudge	LaMalfa
Carney	Gabbard	Lamborn
Carson (IN)	Gallego	Lance
Carter (GA)	Garamendi	Larsen (WA)
Carter (TX)	Garrett	Larson (CT)
Cartwright	Gibbs	Lawrence
Castro (TX)	Gibson	Lee
Chabot	Gohmert	Levin
Chaffetz	Goodlatte	Lewis
Chu, Judy	Gosar	Lieu, Ted
Cicilline	Gowdy	Lipinski
Clark (MA)	Graham	LoBiondo
Clarke (NY)	Granger	Loebsack
Clay	Graves (GA)	Loftgren
Cleaver	Graves (LA)	Long
Clyburn	Graves (MO)	Loudermilk
Coffman	Grayson	Love
Cohen	Green, Al	Lowenthal
Cole	Green, Gene	Lowey
Collins (GA)	Griffith	Lucas
Collins (NY)	Grothman	Luetkemeyer
Comstock	Guinta	Lujan Grisham
Conaway	Guthrie	(NM)
Connolly	Hahn	Luján, Ben Ray
Conyers	Hanna	(NM)
Cook	Hardy	Lummis
Cooper	Harper	Lynch
Costa	Harris	Marino
Costello (PA)	Hartzler	Massie
Courtney	Heck (NV)	Matsui

McCarthy Posey Speier
 McCaul Price (NC) Stefanik
 McClintock Price, Tom Stewart
 McCollum Quigley Stivers
 McDermott Rangel Stutzman
 McGovern Ratcliffe Swalwell (CA)
 McHenry Reed Takano
 McKinley Reichert Thompson (CA)
 McMorris Renacci Thompson (MS)
 Rodgers Ribble Thompson (PA)
 McNerney Rice (NY) Thornberry
 McSally Rice (SC) Tiberi
 Meadows Rigell Tipton
 Meehan Roby Titus
 Meeks Roe (TN) Tonko
 Messer Rogers (AL) Torres
 Mica Rogers (KY) Trotter
 Miller (FL) Rokita Tsongas
 Miller (MI) Ros-Lehtinen Turner
 Moolenaar Roskam Upton
 Mooney (WV) Ross Valadao
 Moore Rothfus Van Hollen
 Moulton Rouzer Vargas
 Mullin Roybal-Allard Veasey
 Mulvaney Royce Vela
 Murphy (FL) Ruiz Velázquez
 Murphy (PA) Ruppertsberger Visclosky
 Nadler Rush Wagner
 Napolitano Russell Walberg
 Neal Ryan (OH) Walden
 Neugebauer Salmon Walker
 Newhouse Sánchez, Linda Walorski
 Noem T. Walters, Mimi
 Nolan Sanford Walz
 Nugent Sarbanes Wasserman
 Nunes Scalise Schultz
 O'Rourke Schakowsky Waters, Maxine
 Olson Schiff Watson Coleman
 Palazzo Schrader Weber (TX)
 Pallone Schweikert Webster (FL)
 Palmer Scott (VA) Welch
 Pascrell Scott, Austin Wenstrup
 Paulsen Sensenbrenner Westerman
 Payne Serrano Westmoreland
 Pearce Sessions Williams
 Pelosi Sewell (AL) Wilson (FL)
 Perry Sherman Wilson (SC)
 Peters Shimkus Wittman
 Peterson Shuster Womack
 Pingree Simpson Woodall
 Pittenger Sinema Yoder
 Pitts Sires Yoho
 Pocan Smith (MO) Young (AK)
 Poe (TX) Smith (NE) Young (IA)
 Poliquin Smith (NJ) Young (IN)
 Polis Smith (TX) Zeldin
 Pompeo Smith (WA) Zinke

NOT VOTING—32

Castor (FL) Herrera Beutler Norcross
 Clawson (FL) Hudson Perlmutter
 Duckworth Huffman Richmond
 Ellison Langevin Rohrabacher
 Esty Latta Rooney (FL)
 Fattah MacArthur Sanchez, Loretta
 Fincher Maloney, Scott, David
 Frankel (FL) Carolyn Slaughter
 Grijalva Maloney, Sean Takai
 Gutiérrez Marchant Whitfield
 Hastings Meng Yarmuth

□ 1850

Mr. RANGEL and Ms. KAPTUR changed their vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. LANGEVIN. Mr. Speaker, on rollcall vote No. 180, I was unavoidably detained. Had I been present, I would have voted “aye.”

Mr. HUDSON. Mr. Speaker, on rollcall No. 180, I was inadvertently detained. Had I been present, I would have voted “yea.”

OPIOID PROGRAM EVALUATION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5052) to direct the Attorney General and the Secretary of Health and Human Services to evaluate the effectiveness of grant programs that provide grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 410, nays 1, not voting 22, as follows:

[Roll No. 181]

YEAS—410

Abraham Coffman Fudge
 Adams Cohen Gabbard
 Aderholt Cole Gallego
 Aguilar Collins (GA) Garamendi
 Allen Collins (NY) Garrett
 Amash Comstock Gibbs
 Amodei Conaway Gibson
 Ashford Connolly Gohmert
 Babin Conyers Goodlatte
 Barletta Cook Gosar
 Barr Cooper Gowdy
 Barton Costa Graham
 Bass Costello (PA) Granger
 Beatty Courtney Graves (GA)
 Berra Cramer Graves (LA)
 Benishek Crawford Graves (MO)
 Bera Crenshaw Grayson
 Beyer Crowley Green, Al
 Bilirakis Cuellar Green, Gene
 Bishop (GA) Culberson Griffith
 Bishop (MI) Cummings Grothman
 Bishop (UT) Curbelo (FL) Guinta
 Black Davis (CA) Guthrie
 Blackburn Davis, Danny Hahn
 Blum Davis, Rodney Hanna
 Blumenauer DeFazio Hardy
 Bonamici DeGette Harper
 Bost Delaney Harris
 Boustany DeLauro Hartzler
 Boyle, Brendan DeBene Heck (NV)
 Brady (PA) F. Heck (WA)
 Brady (TX) Dent Hensarling
 Brat DeSantis Hice, Jody B.
 Bridenstine DesSaunier Higgins
 Brooks (AL) Deutch Hill
 Brooks (IN) Diaz-Balart Himes
 Brown (FL) Dingell Holding Hinojosa
 Brownley (CA) Doggett Honda
 Buchanan Dold Hoyer
 Buck Donovan Hudson
 Bucshon Doyle, Michael Huelskamp
 Burgess F. Huffman
 Bustos Duffy Huizenga (MI)
 Butterfield Duncan (SC) Hultgren
 Byrne Duncan (TN) Hunter
 Calvert Edwards Hurd (TX)
 Capps Ellison Hurt (VA)
 Capuano Ellmers (NC) Israel
 Cárdenas Emmer (MN) Issa
 Carney Engel Jackson Lee
 Carson (IN) Eshoo Jeffries
 Carter (GA) Esty Jenkins (KS)
 Carter (TX) Farenthold Jenkins (WV)
 Cartwright Farr Johnson (GA)
 Castro (TX) Fitzpatrick Johnson (OH)
 Chabot Fleischmann Johnson, E. B.
 Chaffetz Fleming Johnson, Sam
 Chu, Judy Flores Jolly
 Cicilline Forbes Jones
 Clark (MA) Fortenberry Jordan
 Clarke (NY) Foster Joyce
 Clay Foyx Kaptur
 Cleaver Franks (AZ) Katko
 Clyburn Frelinghuysen Keating

Kelly (IL) Nadler Scott, David
 Kelly (MS) Napolitano Sensenbrenner
 Kelly (PA) Neal Sessions
 Kennedy Neugebauer Sewell (AL)
 Kildee Newhouse Sherman
 Kilmer Noem Shimkus
 Kind Nolan Shuster
 King (IA) Nugent Simpson
 King (NY) Nunes Sinema
 Kinzinger (IL) O'Rourke Sires
 Kirkpatrick Olson Smith (MO)
 Kline Palazzo Smith (NE)
 Knight Pallone Smith (NJ)
 Kuster Palmer Smith (TX)
 Labrador Pascrell Smith (WA)
 LaHood Paulsen Speier
 LaMalfa Payne Stefanik
 Lamborn Pearce Stewart
 Lance Pelosi Stivers
 Langevin Perlmutter Stutzman
 Larsen (WA) Perry Swalwell (CA)
 Larson (CT) Peters Takano
 Lawrence Peterson Thompson (CA)
 Lee Pingree Thompson (MS)
 Levin Pittenger Thompson (PA)
 Lewis Pitts Thornberry
 Lieu, Ted Pocan Tiberi
 Lipinski Poe (TX) Tipton
 LoBiondo Poliquin Titus
 Loeb sack Polis Tonko
 Lofgren Pompeo Torres
 Long Posey Trott
 Loudermilk Price (NC) Tsongas
 Love Turner Price, Tom
 Lowenthal Quigley Upton
 Lowey Lucas Valadao
 Luetkemeyer Reed Ratcliffe
 Lujan Grisham (NM) Reichert
 Lujan, Ben Ray (NM) Renacci Vela
 Lummis Rice (NY) Velázquez
 Lynch Rice (SC) Visclosky
 Marino Richmond Wagner
 Massie Rigell Walberg
 Matsui Roby Walden
 McCarthy Roe (TN) Walker
 McCaul Rogers (AL) Walorski
 McClintock Rogers (KY) Walters, Mimi
 McCollum Rokita Wasserman
 McDermott Ros-Lehtinen Schultz
 McGovern Roskam Waters, Maxine
 McHenry Rothfus Watson Coleman
 McKinley Rouzer Weber (TX)
 McMorris Roybal-Allard Webster (FL)
 Rodgers Royce Welch
 McNerney Ruiz Wenstrup
 McSally Ruppertsberger Westerman
 Meadows Rush Whitfield
 Meehan Russell Williams
 Meeks Ryan (OH) Wilson (FL)
 Messer Salmon Wilson (SC)
 Mica Sánchez, Linda Wittman
 Miller (FL) T. Womack
 Miller (MI) Sanford Woodall
 Moolenaar Sarbanes Yarmuth
 Mooney (WV) Scalise Yoder
 Moore Schakowsky Yoho
 Moulton Schiff Young (AK)
 Mullin Schrader Young (IA)
 Mulvaney Schweikert Young (IN)
 Murphy (FL) Scott (VA) Zeldin
 Murphy (PA) Scott, Austin Zinke

NAYS—1

NOT VOTING—22

Castor (FL) Hastings Meng
 Clawson (FL) Herrera Beutler Norcross
 Duckworth Latta Rohrabacher
 Fattah MacArthur Rooney (FL)
 Fincher Maloney, Sanchez, Loretta
 Frankel (FL) Carolyn Slaughter
 Grijalva Maloney, Sean Takai
 Gutiérrez Marchant

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
 The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1856

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

□ 1900

HONORING THE MEMORY OF TONY CASTILLO

(Mr. COFFMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COFFMAN. Mr. Speaker, I rise today to honor the memory of Tony Castillo, a longtime friend of mine from my hometown of Aurora, Colorado, who recently passed away.

Tony and I had a friendship that started in our youth. We had so much in common. Tony and I both came from military families. Our late fathers had both married war brides in the aftermath of World War II. They were career enlisted soldiers who were transferred to Fitzsimons Army Medical Center for their last assignment in 1964 when we were both just 9 years old. Our military families both came from previous assignments in Europe.

While I followed in my father's footsteps and joined the military, Tony stayed in Aurora and eventually married the love of his life, Nita Adkins of Pueblo, Colorado. Tony and Nita raised two extraordinary children, Ben and Jess, in a loving family that has been inseparable.

Tony was an extraordinary example of a great friend, a loving husband, a devoted father, and he will always be remembered and missed by all who knew him.

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Tony was an extraordinary example of a great friend, a loving husband, a devoted father, and will always be remembered and missed by all who knew him.

NATIONAL FOSTER CARE MONTH

(Mr. LANGEVIN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, as co-chair of the Congressional Caucus on

Foster Youth, I rise today in recognition of May as National Foster Care Month.

Growing up, my parents welcomed many foster children into our family, providing them with a stable and nurturing environment.

One of the biggest challenges for youth in foster care is finding their forever family. Even youth who age out of foster care still need a place to call home after they turn 18, and whether through reunification, adoption, or an individual plan, every foster youth deserves a permanent home.

Mr. Speaker, these children belong to all of us, and we are all responsible for their well-being. I urge my colleagues to join me in recognizing May as National Foster Care Month.

RECOGNIZING MEMBERS OF PENN STATE'S RED CELL ANALYTICS LAB

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to recognize members of Penn State University's Red Cell Analytics Lab, a unique organization intended to educate students on how to combat threats in an age of ever-evolving technology.

Last weekend, I visited with members of the lab, and I listened in awe to how they are working with local law enforcement to keep students, staff, and spectators safe at events such as Penn State football games and the university's annual dance marathon, or THON.

Quite simply, these students have become experts at recognizing threats and security holes—essential skills in today's world where governments, technology firms, and corporations must stay one step ahead of those who seek to do us harm. I was happy to learn that members of the Red Cell Analytics Lab move on to great careers, working for companies in our financial and technology sectors, along with the Federal Government.

It is unfortunate that these talents are necessary in today's world, but I am glad they are being cultivated at Penn State University.

THE HEROIN EPIDEMIC

(Mr. RYAN of Ohio asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. RYAN of Ohio. Mr. Speaker, this week, we are going to take up a package of bills that I support dealing with the massive heroin epidemic plaguing places like Ohio, but all over the country.

In my congressional district, we saw, a few months back, over 22 overdoses. In Trumbull County alone, 7 deaths; in Summit County, city of Akron, 56 people died of a heroin overdose, compared

to just 40 in 2013. Now, in Ohio, these drug overdoses have been the leading cause of accidental deaths in our State, bypassing car accidents.

This House this week is going to do the responsible thing and pass key legislation and hopefully combine with the Senate legislation. But there is a missing piece on the recovery side. We need to make sure that, as we address this issue, it is comprehensive: it is about addiction and it is about treatment, but it also must be about recovery.

So I commend my colleagues on both sides of the aisle for these important pieces of legislation that are coming forth. I will support them, but knowing that we have got a lot more work to do and that the bottom line is we need money behind these programs.

The President put in his budget over \$1 billion. We need to make sure that the resources get down to the local community so that we can help stem the tide of this epidemic in our country.

SUPPORTING TSC GLOBAL AWARENESS DAY AND MAX LUCCA

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Mr. Speaker, today I rise to lend my voice in support of TSC Global Awareness Day on May 15.

Tuberous sclerosis complex, or TSC, is a rare genetic disease that causes uncontrolled tumor growth across the face, body, and organs of affected individuals. Unfortunately, there is no cure for TSC.

South Florida's own Max Lucca—look at that sweet young face—was diagnosed with TSC when he was only 2 weeks old. Now he is 8, and Max Lucca has thrived because of the constant love and care provided by his parents, Vanessa and Max. Max Lucca enjoys baseball—as you can see—and hanging out with his best buddy.

So please think of this sweet young boy, Max Lucca, and others living with TSC on May 15 for TSC Global Awareness Day, and let's work together to find new treatments and a cure for this tragic disease.

GIVING HOPE TO DUCHENNE MUSCULAR DYSTROPHY PATIENTS

(Mr. PAULSEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAULSEN. Mr. Speaker, I rise today to speak about a genetic disorder, Duchenne muscular dystrophy, that has caused heartbreak for families across the country. The genetic mutation, found typically in boys, weakens muscles and leaves most sufferers confined to wheelchairs. Due to lung or heart failure, most afflicted with Duchenne pass away before their 25th birthday.

However, there is hope with new medical advancement that could increase the lifespan and improve the quality of life for those living with Duchenne. A new drug was used in a medical trial where every participant was able to walk for 4 years after starting the treatment, and on top of that, there were no negative side effects. However, the FDA has yet to approve this new drug, even with such promising results.

Mr. Speaker, Duchenne muscular dystrophy is an awful condition that more or less guarantees a short life for those who live with it. Medical advancement is giving hope to those patients for a longer and a better life, but bureaucratic redtape is preventing those folks from accessing it. It is time for the FDA to remove those roadblocks and to move forward for a new, possible, life-improving treatment.

SALEM TOWNSHIP FIRST RESPONDERS

(Mr. ROTHFUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROTHFUS. Mr. Speaker, on April 29, a natural gas pipeline exploded in Salem Township, Westmoreland County, Pennsylvania, immediately destroying one home, injuring a resident, and forcing the evacuation of a dozen other homes.

I rise to thank the first responders who selflessly and swiftly arrived on the scene:

Forbes Road Volunteer Fire Department Chief Bob Rosatti led incident command during the crisis, and he is to be commended for the tremendous job he did. In addition to Chief Rosatti's department, the following volunteer fire departments also responded: Slickville, White Valley, Export, Crabtree, Greensburg, Delmont, Hannastown, Grandview, New Alexandria, Jeannette, Harrison City, Washington Township, Saltsburg, Tunnelton, and Sardis.

These departments were joined by seven other local, county, and State agencies. The firefighters, police, and emergency teams who choose these selfless and courageous professions make our communities safer, better places to live, and for this, we should all be grateful.

THE IRAN DEAL

(Mr. DESANTIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DESANTIS. Mr. Speaker, Ben Rhodes from the administration said that the Iran deal would be the ObamaCare of the administration's second term. When I heard that, I thought, "Sheesh," because a lot of us don't think highly of ObamaCare. We don't think it has worked out well. We didn't think the Iran deal was going to

work out well. But now that actually has a deeper meaning.

ObamaCare was sold to the American people on a set of deceptions: if you like your plan, you can keep it; if you like your doctor, you can keep him; you are going to pay \$2,500 less per family for health insurance. Now, it turns out, so was the Iran deal.

They concocted a narrative—a false narrative—that, with the election of Rouhani, a moderate who really wanted to have an opening, this was a once-in-a-generation opportunity for America to seize this day and strike a deal with Iran—even though they are the world's leading state sponsor of terrorism—and bring peace to the world.

That was all false. This started before Rouhani was elected. He is not a moderate. This was a deal made in conjunction with Iran's hard-liners; and as we are seeing now with how they are behaving, it is benefitting Iran's hard-liners.

ObamaCare we can fix. It will be tough. But we may not be able to recover if Iran gets a nuclear weapon.

NATIONAL NURSES WEEK

(Mr. GUINTA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GUINTA. Mr. Speaker, I rise to recognize National Nurses Week, a time to celebrate the contribution of over 3 million registered nurses around our country. They are our friends and neighbors who care for our loved ones and treat us when we are sick.

A nurse is usually the first person we talk to at the doctor's office, even first thing in the morning. A nurse may be the first person we meet in life. Increasingly, as the American population ages, nurses are filling larger roles.

In New Hampshire, especially rural regions, we need them more than ever. At job fairs I hosted in Manchester and Laconia, healthcare employers are scouring the State for help. I cosponsored the Home Health Care Planning Improvement Act to allow nurse practitioners to visit more patients at home.

Nurses are on the front lines of the heroin epidemic in the Granite State and around the country. Some are Members of Congress, putting their kindness, compassion, and understanding to work in government. During National Nurses Week, please thank a nurse for his or her contributions.

□ 1915

PUBLIC LAND ACCESS BY THE GO ACT

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, the current process to obtain outfitter and

guide permits for hiking, hunting, and fishing exhibitions on our public lands for recreation events is too expensive and very complicated. Guides and outfitters should not have to navigate arbitrary rules, inconsistent practices, and unresponsive Federal agencies.

As a result, I have introduced the Guides and Outfitters Act, known as the GO Act, H.R. 5129, which will renew the authorization for these recreation permits while eliminating burdensome red tape.

This measure will also cap permit fees, ensure that fees are charged only for activities on the actual public lands, not on private lands, provides categorical exclusions for previously studied uses to reduce delays, and allows online applications.

The GO Act is consistent with my commitment to increasing public access to the public lands, making Federal agencies more responsive to the communities in which they operate and removing unnecessary bureaucratic red tape that keeps people off of their lands.

NATION'S OPIOID EPIDEMIC

The SPEAKER pro tempore (Mr. YOUNG of Iowa). Under the Speaker's announced policy of January 6, 2015, the gentlewoman from Massachusetts (Ms. CLARK) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Ms. CLARK of Massachusetts. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Massachusetts?

There was no objection.

Ms. CLARK of Massachusetts. Mr. Speaker, I would like to thank my colleagues for joining us this evening for this critically important discussion.

I thank the chairs of the bipartisan task force on the opioid epidemic for their leadership and tenacity in pushing reforms. I thank Congresswoman KUSTER and Congressman GUINTA.

This week the House will debate solutions to our Nation's opioid crisis. If there has ever been a time to put away partisan differences and ideological rhetoric, it is now. I am proud of the work of the task force in supporting bipartisan bills to help stem the tide of this epidemic.

This is a public health crisis that reaches into every community. It is an equal opportunity killer, without regard for age, gender, race, or economic background. It does not care if you are a Democrat or a Republican.

In Massachusetts, just last year we lost nearly 1,400 lives to this opioid crisis. Half of all of the deaths in Massachusetts of opioid overdoses involve heroin, but prescription opioid overdoses are also surging. Between

2013 and 2014, they increased by over 90 percent. In my State more than others, the epidemic is claiming the lives of our young people ages 25 to 34.

Too many parents are trying to save their child from opioid addiction's deadly grip, and they are counting on us for help. That is why we are here this evening—to do everything we can to save lives.

At the center of this debate are the families at home who speak out and bravely share their stories so no other parent has to endure the pain of losing their child.

Tonight I am thinking of Debbie Deagle, who I met in October during a town hall in Revere, Massachusetts. In front of a large audience she told the story of Stephen, her only child, who she lost to opioid addiction. In her words, she was inconsolable and it was difficult to make it through each day. She was also angry because not a month had gone by in the last 15 years she hadn't heard of somebody overdosing, but nobody wanted to talk about it and everybody was too ashamed.

Debbie talked about the shame her son felt. She described him as brilliant, her miracle child. She raised him as a single mother and, while it was hard, his beautiful life was a gift she cherished.

He was smart, witty, a songwriter, and a musician. He had a bright future. He had graduated with honors from St. John's Prep and went to Northeastern University, where he became a computer science major, which was his gift.

It was four impacted wisdom teeth his freshman year of college and the opioids that he took for pain that started him on his road to addiction. When his substance abuse disorder derailed Stephen's life, Debbie started reading blogs where people commented: They are only junkies. They should just cull the herd. That is what got her angry. She thought: These aren't animals. These are children.

On their own, Debbie and her son battled addiction, insurance companies, and the courts. In the end, it was a battle they lost. On January 8, 2015, Stephen Deagle passed away after his excruciating struggle with opioids, and his mother lived her worst nightmare saying goodbye to her only son.

When we asked Debbie if we could share her story, her request was simple: Please get Congress to do something. We deserve real solutions now.

So my request to this Congress is to listen to Debbie and the pleas of too many other moms like her. This crisis is an urgent calling for Congress to act and save lives.

This week we will have the opportunity to pass legislation that will give critical tools to address this crisis. Ultimately, however, we must also provide the financial resources to our State and local partners to change the course of this epidemic.

I thank you for all the work that is being done.

I yield to the gentleman from New Hampshire (Mr. GUINTA).

Mr. GUINTA. Mr. Speaker, I thank Congresswoman CLARK for yielding, and I extend my gratitude to her for joining me tonight in this Special Order.

I am also grateful for the opportunity to join bipartisan members—Republican and Democrat—from around the country to talk about heroin abuse, an increasingly deadly public health crisis.

Last year I joined with my colleague from New Hampshire, Congresswoman KUSTER, to create The Bipartisan Task Force to Combat the Heroin Epidemic. We strive to fight the tragedy of opioid addiction and fatal overdose from around the Nation.

Since its creation last October, our task force has grown to 80 members. Our growth and impact is a testament to the depth of the crisis and the focus of the Members of this body.

In my home State of New Hampshire, abuse and overdose claimed the lives of 430 people in 2015. To put that number in perspective, that is 1 out of every 3,000 residents died of an overdose last year. The CDC reports that, nationally, overdose deaths have tripled over the last 10 years.

I am proud of the work we have done so far to combat this epidemic. But as many struggling families and ailing communities know, there is much more work to be done.

A few weeks ago the Bipartisan Task Force to Combat the Heroin Epidemic proposed a legislative agenda. Our bills would assist law enforcement, treatment providers, and recovery personnel in their battle against the epidemic.

During this Heroin and Opioid Awareness Week, we will see our legislation come to the floor for a vote. I am pleased that my colleagues have tirelessly worked to protect our loved ones from this epidemic, and I am proud to cosponsor many bills coming to the floor this week, including the House response to the Comprehensive Addiction and Recovery Act.

To address the comprehensive nature of this epidemic, we must provide a comprehensive legislative package to bolster the efforts of those helping our communities.

I have filed several amendments to this package for this week. They will increase grants for medication-assisted treatments and long-term recovery.

I also have filed legislation that would reauthorize recovery court programs for 3 years, and I am grateful that my bill, the Good Samaritan Assessment Act of 2016, passed by suspension in the House earlier today. I hope this provision will be included in the conference report.

Very simply, these provisions are absolutely crucial to aiding those in need. My colleagues and I have committed to seeing the House of Representatives pass the strongest and most comprehensive plan possible.

I believe we will do our due diligence to pass this plan, go to conference with

the Senate, and put a bill on the President's desk before June.

Our plan is urgently needed. Nearly 129 people die every day from an opioid overdose. In my district and around the country, I hear from families and friends who know someone coping with substance use disorder.

We will only make a dent in this great challenge by listening to its victims. We need to hear fathers like Doug Griffin of Newton in New Hampshire's First District. His daughter, Courtney, fell victim to heroin abuse at just 20 years old.

Doug remembers Courtney as a bright, lively girl with a great sense of humor and a deep passion for life. She played music. She loved s'mores. Courtney told Doug she planned to become a marine and serve her country.

But 3 years later she was lost on the streets, in and out of rehab facilities. Prescription pills, fentanyl, and street heroin ensnared Courtney into a fatal web of addiction. She lost the will to live.

Because Courtney's pain was so great and because she had so few options for treatment, Doug says he and his family hid the truth from the outside world. To help others, they are speaking out now, just as this body is this evening.

Doug is courageously telling everyone he knows about the warning signs of heroin abuse and the deficiencies in our public response. Millions of Americans share Courtney's story and Doug's anguish. It is only by speaking out and sharing grief that we will remove the stigma preventing far too many from seeking help.

Tonight it is about telling the truth. It is about finding the solutions we need and why we need them. It is about putting political disagreements aside and cooperating for the common good, for the common good not just of our constituents, but our country.

As the House considers this vital legislation, I encourage my colleagues to listen to their constituents, hear their stories, share their struggles, and help them fight back. We could win this public emergency, and it starts this week with the comprehensive CARA legislation.

I thank my colleagues from both sides of the aisle for working so judiciously and in a manner that I think puts people ahead of anything else that this body is doing. I commend my colleagues, and I am honored to work with them on this legislation.

Mr. Speaker, I thank the congresswoman from the Commonwealth of Massachusetts just to the south of my district.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Mr. GUINTA.

Mr. Speaker, I yield to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, I thank Congresswoman CLARK for organizing this really important discussion here this evening.

The scope of the problem in terms of what is facing our Nation is pretty astonishing when you look at the statistics from the Centers for Disease Control.

In 2004, 7,000 Americans lost their lives to heroin overdoses. Fast-forward 10 years and that number is now over 27,000. Again, the statistics land in suburban America, rural America, and urban America.

But at the end of the day, behind every one of those numbers is a story of a human being and a family. That is why this discussion is so important tonight.

Next to me I have a chart showing the face of Justice Kelly, who is a 21-year-old from Tolland, Connecticut. Tolland, Connecticut, is the quintessential small-town New England community. It is about 5 miles from where I live. Her mother, Jennifer, moved there hoping that this was going to be a great community to raise her child, and she went through the public school system.

Battling depression, she fell victim to heroin addiction and for the last number of years has been battling this with methadone treatment in and out of facilities and programs.

Last summer she really finally went to her family and just begged them to get access to a long-term rehab program. Unfortunately, the waiting lists were months. The facilities in Connecticut, like so many other parts of the country, were full.

In August of 2015, when she again was in a predicament where she lost her asthma medication, the combination of suffering from asthma and a heroin overdose resulted in her being rushed to the hospital with an overdose condition.

The good news is that the folks at the emergency room were able to save her life. But as her mother said, "As we pulled into the parking lot of the ER, I knew at that moment I was losing her. All I remember from that moment on was being more scared than I have been in my entire life. I saw a whole team of people come outside and try and save my baby's life. I stood there helpless and alone. All I could do was look to God."

She now is in a permanent vegetative state, as the photograph next to me indicates, and there really are no signs of improvement.

Her mother went on to say, "They saved my daughter's life that day, but it's been a very hard journey. Justice's injury is so severe that the likelihood Justice will ever recover is very slim. More than likely, I will have to make the decision to bring my baby home with hospice."

This story shows that this problem extends far beyond even the fatalities. It also is going to leave people with chronic life-changing conditions, like this beautiful young girl from Tolland, Connecticut.

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Mr. Speaker, this issue is now coming to the floor this week with a num-

ber of measures authorizing different changes and approaches to this program.

I want to, again, emphasize the fact that I come from the State with the highest per capita income, but even in Connecticut, people cannot find access to treatment beds. That is why at some point we have to bring this discussion to a higher level and realize that we need to get resources out to the communities so that law enforcement can at the front lines deal with this issue in emergency situations, so that we have treatment options for families like the Kelly family in Tolland, Connecticut, and so that we go upstream in terms of prevention and education so as to get to the root causes of the pathways to heroin and opioid addiction. This is going to require an all-hands-on-deck approach.

Yes, let's support the legislation that is coming forward this week, let's make smart policy changes, and let's authorize different programs. At the end of the day, we need to put our money where our mouth is in that we need to treat this like it is a natural disaster. As a Nation, we would instantly respond to a hurricane that is taking human lives at a clip much slower, in fact, than what is happening with the heroin opioid crisis.

Let's move forward with the \$600 million request for emergency supplemental funding, which is before the Appropriations Committee, so that we will not just talk about solving this problem but, again, put the resources out there so that the police, the addiction counselors, the treatment folks, and all of the families who are out there who are desperate for help will know that our country is going to treat this as the true crisis that it is and will know we will get the resources all across the country.

Again, I thank Representative CLARK for organizing this discussion. Jennifer Kelly, Justice's mother, thanks the gentlewoman for letting us have an opportunity to tell the story about her daughter.

As a Nation, let's move forward with all of the resources and good ideas because that is the only way we are ever going to come to terms with this problem and solve it.

Ms. CLARK of Massachusetts. Please extend our thanks to Jennifer's family for sharing that story, and I thank the gentleman for his advocacy.

Mr. Speaker, I yield to the gentleman from New York (Mr. KATKO).

Mr. KATKO. I thank the gentlewoman.

Mr. Speaker, during my 15 years as a Federal prosecutor in Syracuse, New York, I witnessed firsthand on a daily basis the devastating impacts of drug use, in general, and of heroin, in particular, and the terrible impacts it had on the well-being of our children, on the lives of those directly involved, and on the safety of our community. Tragically, the devastating impact of heroin and other opioids has gotten much worse in recent years.

As a Federal prosecutor, I have seen every possible drug known to man on the streets. I have never seen anything that has had the devastating effects that heroin has had on our communities. Literally, fatal incidents are happening on a regular basis.

One of my top priorities during my time in Washington has been to facilitate a community dialogue on this public health epidemic to discuss ways of treating and preventing addiction. At every forum, at every town hall, at every business I visit, at every hospital I visit, I hear from my constituents of the devastation this epidemic is inflicting on our communities. I hear tragic stories about friends or family members succumbing to heroin addiction. I hear from medical workers and first responders about the strain this epidemic is placing on their resources. I hear stories of pain and loss, and I want to share a few of those with you to illustrate what I am talking about.

During the course of the six town halls I have conducted or have participated in throughout my district over the last several months, we have routinely heard of the stories of victims. In particular, families have told of the loved ones they have lost. One individual really caught my attention. They all caught my attention, but this one was pretty devastating.

Morgan Axe was a beautiful young woman and a great athlete—just a great kid overall—who battled addiction with heroin for several years. At 24 years old, she became pregnant and she stopped taking heroin completely in order to protect her baby. She stopped taking any drugs that would have helped her with her cravings, and she was doing great. At the fifth month—at 5 months of being clean—a boyfriend thought it would be a good idea to give her a dose of heroin. We have the telephone records to show it. She took that heroin and she died, as did her baby.

Her mother had to come to that forum and talk about this. I applaud her for the openness with which she talked about it, for the pain that she shared with us, and for the lessons that can be learned from this. It can happen to anybody. It is not an inner city drug. When we were growing up, we used to think of heroin users as individuals who would be under a bridge somewhere or in an alley, but that is not the way it is. It affects those in the suburbs, the wealthy, the poor, and everyone in between.

I have one other quick story. When I was renting my congressional office, the individual who was showing me the office had a sad look in his eye. He began to tell me the story about his daughter, who was the Final Four MVP for the NCAA Junior College Lacrosse the year before. She died of a heroin overdose because she got into heroin after that championship.

It is an epidemic with enormous consequences, and it is getting worse. The epidemic of addiction is claiming the

lives from every age, class, and race, like I mentioned. I know that society doesn't like to talk about drugs, addiction, and overdose, but this is a problem that we can no longer ignore, and it is one that we must absolutely, positively, address. The scourge must be stopped.

I am absolutely proud to be part of the House action that is being taken this week on several measures that will help to fight against this growing opioid epidemic and through the passage of my drug kingpin bill earlier today. Much remains to be done, and I hope that Congress will build on the actions this week and will continue to work on efforts in a bipartisan manner so we can fight back and save people from addiction.

Ms. CLARK of Massachusetts. I thank the gentleman for sharing Morgan's story with us.

Mr. Speaker, I yield to the gentleman from the western part of the Commonwealth, Mr. NEAL.

(Mr. NEAL asked and was given permission to revise and extend his remarks.)

Mr. NEAL. I thank Congresswomen CLARK and ANN KUSTER and Congressman FRANK GUINTA for the good work that they have done in calling attention this evening to this crisis that now threatens to overwhelm rehabilitation centers across the country. What I want to specifically cite in my comments for the next few minutes is a very human story. Her name is Bethany, and she wrote to me on January 13 of this year.

Dear Congressman NEAL:

I am writing to you regarding the heroin prescription pill crisis our State and Nation is currently entrenched in. I am a physician assistant who graduated from Wake Forest Baptist Medical School in their Physician Assistants program in 2003. I have worked in various outpatient clinics, as well as at Bay State Medical Center in Springfield, Massachusetts, and at the Cooley Dickinson emergency room operations in Northampton, Massachusetts. I have treated overdose patients, have been alongside physicians who have pronounced patients deceased from an overdose, as well as having referred patients to crisis support teams, outpatient treatment, and rehabs.

After all of this, I never expected that I would become addicted to prescription painkillers after a series of surgeries and illness. I suffered in silence, alone in fear, shame, and guilt. I was a functioning professional who referred my addicted patients to various resources, but when I tried to reach out for help, I hit roadblocks.

For instance, the emergency room I worked in was outsourced so that when I went to the emergency room director on two separate occasions to ask to go to the Employee Assistance Program, I was told that those resources were only available to hospital employees. I tried outpatient therapy and 12-step programs, but I kept sliding backwards.

After years of struggling, I couldn't keep silent any longer. I confessed my addiction to a coworker. I felt that, finally, help would come. Instead, I was fired for cause and without benefits. The fear that had kept me silent for all of those years was now my reality. My husband was a stay-at-home dad.

And now how could we support our three children?

I felt like my life was falling apart. Little did I know that what I was doing was actually falling into place. With family support, I found a rehab program for 6 months where I could go with two young children. I saw my oldest on the weekends.

After graduating rehab, I interviewed and signed up with the Massachusetts professional reporting system. For 5 years, I have called in daily. I am subjected to at least 15 random drug tests a year. I go to 2 to 4 hours of recovery meetings every week and attend a professionals in recovery meeting weekly. It was in the professionals meetings that I finally found a sense of belonging. It was the vital piece of the puzzle that had been lacking as I searched for recovery but kept backsliding.

She writes in this letter to me of her strong faith and how it helped to get her through this very difficult time in her life, but she also points out that the system is broken, that the emergency room funding for reaching individuals is inadequate, that pain management is inadequate, that pain scales, treatments are inadequate.

She writes:

I found myself overtreating pain at times because I was taught that we could get sanctioned from not treating pain. I felt obligated to treat someone's subjective pain without objective findings or reason.

She writes of all of the challenges that she faced, all having started because of surgeries and illnesses that she had that required medication that, in fact, in the end, she could not successfully escape.

She testified in a forum that I held. She was courageous enough to get up and talk about the problems that she had.

Do you know what?

She is doing better.

So we call attention to those tonight who might find a path forward from the grim reality of heroin that sells on the streets of Springfield and Hartford for \$3 a bag. This was an individual who had a normal working relationship with colleagues. This was an individual who went to work faithfully, had a professional designation, and found herself caught up in the opioid crisis because of the prescriptions that had been given to her early on.

I know of the maintenance plan that is being proposed and of the suggestions that are being offered for more physicians to secure training and how opioids might be extended to those who need them, but I would implore this Congress to act favorably upon that proposal and that legislation.

We all regularly go to caucus meetings, we go to a host of get-togethers, at which we always attempt to upgrade our skills. There is nothing that will upgrade your skills like the coarseness of a campaign—I can tell you that—but we all find that professional opportunity to challenge ourselves to do better in this institution.

That should not be unlike those who are outside of the institution. Where you regularly require courses for attorneys, CPAs, and others, why not for

physicians so they may receive the training that today would be readily available with the assistance of this Congress, hopefully after the vigorous activity that we will take this week?

I close as I opened. I thank Congresswoman CLARK for her leadership, Congresswoman KUSTER for her leadership, and Congressman GUINTA for his leadership on this issue. I am telling you, across western and central Massachusetts, this is devastating families. There is an opportunity here for the Congress to respond.

Ms. CLARK of Massachusetts. I thank Mr. NEAL for the critical story that Bethany shared with him and that the gentleman shared with us. We know how devastating this crisis has been in western and central Massachusetts, and we thank the gentleman for all of his leadership on it.

Mr. Speaker, I yield to the gentleman from New York (Ms. STEFANIK).

Ms. STEFANIK. I thank Ms. CLARK.

Mr. Speaker, first, I want to take a moment to thank my colleagues Mr. GUINTA, Ms. KUSTER, and Ms. CLARK for their work and tireless efforts to combat the heroin epidemic that is sweeping across our Nation.

Over the last 15 years, heroin-related deaths have quadrupled, leaving families and communities across this country shattered. This crisis has been felt acutely in my district where the region is a major pipeline for illicit drug trafficking.

Last November, law enforcement in Washington County, New York, made 11 arrests in one morning of individuals who were illegally selling heroin, cocaine, and prescription drugs. In New York's North Country, I have seen and heard from those in recovery and from those still struggling that heroin addiction and prescription drug abuse is a lifelong challenge. In my district, heroin addiction tragedies have caused parents to bury their children and have left spouses widowed and young children parentless.

These drugs reach out and impact even the strongest members of our communities. Addiction is a disease that does not discriminate. The support offered by treatment centers like St. Joseph's Addiction Treatment & Recovery Center in Saranac Lake is critical to those who suffer from this disease. Several veterans whom I had the opportunity to visit with at St. Joseph's have seen the harsh reality of war and are now fighting battles at home—one against heroin and opioid addiction and another against posttraumatic stress disorder.

Heroin abuse touches our communities, our homes, and our families in ways that have grave effects on everyday people and everyday lives. As heroin use has increased, police departments across this Nation have seen a rapid rise in related crimes, such as sex trafficking, domestic disputes, larceny, burglary, and prostitution—all tied to heroin use.

This week, I am honored to stand with my colleagues from both sides of

the aisle to advance legislative solutions to this widespread and insidious crisis. As a member of Representatives GUINTA's and KUSTER's bipartisan task force to combat heroin abuse and assist law enforcement efforts, we have worked tirelessly to find solutions. The legislation we present this week provides critical tools to medical personnel and law enforcement for stemming the flow of drugs and enhancing treatment options and availability.

These are real problems that need to be addressed through innovation, cooperation, and thoughtful action. I am confident that we can secure a better heroin-free future for our Nation. These efforts are not the end of the House's work on this issue. We will continue to seek solutions to this crisis that has touched families across my district and across our Nation.

□ 1945

On behalf of the families, communities, and veterans in New York's 21st Congressional District and across the country, I urge my colleagues to join those of us here tonight as we work to eliminate the heroin epidemic facing this country.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Ms. STEFANIK for telling us of the work of St. Joseph's and highlighting the importance of the impact of this crisis on veterans.

I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Mr. Speaker, I first thank my colleagues, Congresswoman CLARK for leading this effort, Congressman GUINTA, as well as Congresswoman ANN KUSTER, who have worked tirelessly to move the heroin task force agenda forward. I applaud their persevering efforts and House leadership's acknowledgement of the danger and devastation the heroin and opioid epidemic has caused across our great Nation.

This serious situation impacts every county in the 9th District of Ohio, stretching across all of northern Ohio. We have been impacted more heavily due to the major Ohio turnpike, I-80/I-90, and easy transport networks that link to international smuggling access points.

The largest of our district's five counties, Cuyahoga County, recently declared a public health emergency because of record rates of overdoses. The county lost a staggering 181 citizens in the first 4 months of 2016, a rate of overdose death that, if continued, would more than double the 2015 numbers for that county.

Mayors across our district report to me the dramatic increase in emergency calls connected to the epidemic. For northern Ohio, spikes in opioid overdoses are outpacing the ability of local hospitals and rehabilitation facilities to respond effectively.

This week's legislative activity is imperative to communities across America. I encourage our colleagues in leadership to work expeditiously to conference the legislation. Send it to the President with funding immediately. People's lives and local com-

munity stability and safety are waiting for our action.

Tonight I would like to share the stories of three young adults—two named Matt and one named Tracy—who have been victimized by the heroin and opioid epidemic.

The first is Matt who was 29 from Toledo, Ohio, who never thought he would become a drug addict. He never knew anything about drugs. He never even smoked cigarettes as a youth. He had a great upbringing and a good home with an amazingly loving family. He went to private schools from kindergarten through high school, then to college at a Division I university on a full athletic scholarship for baseball after graduating with a 4.0 GPA.

So what happened, you ask?

He tore his rotator cuff as a sophomore in college and was given a prescription for 90 percent Percocet. It only took about a week before he became physically dependent and totally reliant. Percocet became the gateway portal to self-annihilation.

To sum up, his next year, Percocet pills got expensive, and he dropped out of college. And one day, not being able to find any pills because of the price and lack of availability, he was offered heroin, which was cheaper and stronger. And from that day on, he was hooked and injected heroin for 9 years.

Matt transformed into a shell of who he used to be, a shell of who he wanted to be and who he always imagined to become. Matt lost everything and everyone in his life because of heroin. After 13 arrests in four different states, he is now a convicted felon. He overdosed and died, having been kept alive for 5 days by machines in ICU.

How could this have happened to such a promising young man?

Heroin and opioid abuse sees no boundaries. It is death masquerading as medicine.

In Toledo, there are only 16 federally funded detox beds for an estimated 10,000 opiate addicts. We simply have to have legislation that allows for more detox facilities. There are programs like Team Recovery that have made a difference in the lives of individuals like Tracy, whose story I will place in the RECORD.

Let me just say that if there are families out there who need assistance, one can call 1-800-662-4357 for advice and direction. That is an addiction hotline, 1-800-662-HELP. The life you save may be your own or that of a relative, friend, or loved one.

Mr. Speaker, I want to first thank my colleagues FRANK GUINTA and ANN KUSTER who have worked tirelessly to move the Heroin Task Force agenda forward. I applaud their persevering efforts and House Leadership's acknowledgment of the danger and devastation the heroin and opioid epidemic has caused across this great nation.

This serious situation impacts every county in our 9th Ohio district that stretches across all of northern Ohio. We have been impacted more heavily due to the major Ohio Turnpike, I-80-90, and easy transport networks that link to international smuggling access points.

The largest of our district's five counties, Cuyahoga County, recently declared a public

health emergency because of record rates of overdoses. The County lost a staggering 181 citizens in the first four months of 2016, a rate of overdose deaths that if continued, would more than double 2015 numbers for the County.

Mayors across our district report to me the dramatic increase in emergency calls connected to the epidemic. For Northern Ohio, spikes in opioid overdoses are outpacing the ability of local hospitals and rehabilitation facilities to respond effectively. This week's legislative activity is imperative to communities across America. I encourage our colleagues and leadership to work expeditiously to conference the legislation. Send it to the President, with funding, immediately.

People lives and local community stability are waiting for our action.

Tonight, I want to share the stories of three young adults—two named Matt—and one named Tracy. Individuals from our district who have been victimized by the heroin and opioid epidemic.

The first is Matt, who was 29, from Toledo, Ohio. He never thought he would become a drug addict. He never knew anything about drugs, not even wanting to smoke cigarettes as a youth. He had a great upbringing in a good home, with an amazingly loving family. He went to private schools from kindergarten through high school, then to college at a Division I university on a full athletic scholarship for baseball after graduating with a 4.0 GPA. So what happened, you ask?

He tore his rotator cuff as a sophomore in college and was given a prescription for 90 Percocet. It only took about a week before he became physically dependent and totally reliant. Percocet became the gateway portal to self-annihilation.

To sum up—his next year, Percocet pills got expensive and he dropped out of college. One day, not being able to find any pills because of the price and lack of availability, he was offered heroin, which was cheaper and stronger. From that day on he was hooked, and injected heroin for 9 years.

Matt transformed into a shell of who he used to be, a shell of who he wanted to be—and who he always imagined to become. He lost everything—and everyone—in his life because of heroin.

After thirteen arrests in four different states, he is now a convicted felon. He overdosed and died, having been kept alive for 5 days by machines in ICU. How could this have happened to such a promising young man? Heroin and opioid abuse sees no boundaries. It is death masquerading as medicine.

In Toledo, there are only sixteen federally funded detox beds for an estimated 10,000 opiate addicts. Another young man also named Matt was one of the lucky ones who was able to secure a detox bed through Ohio's Drug Abuse Response Team, or DART program. Today, it has been almost eight months since he was able to secure the bed, which has changed his course completely.

In detox, along with three friends, all of which remain sober, Matt started Team Recovery, an advocacy group for addicts that makes recovery available and achievable. Team Recovery strives to change the stigma attached to addiction and make people realize addicts are not bad people. They are people who need medical help.

Team Recovery speaks to Ohio students between 6th grade and college-age, about

drugs and alcohol, and offers assistance to family members and friends of those who need healing and support. They hope to eventually spread their efforts across the nation.

Today, Matt has turned his life around and reconnected with family and friends. He speaks daily with police, judges, coroners, doctors, treatment providers, police & fire chiefs, all in an effort to collaborate in this fight against opiates. His message is positive and clear. Recovery is possible, and it is beautiful.

Working alongside Matt at Team Recovery is Tracy, 39 years old, who point blank told me that she is a recovering addict. Tracy started smoking marijuana when she was 15, to numb the pain from past sexual abuse, not otherwise knowing how to cope in a healthy way. She moved from Toledo, to Chillicothe, Ohio in 2001, where she met a man who introduced her to opioid pills and cocaine. At age 24, she started using cocaine and it wasn't long before she used it every day.

Eventually, she started to smoke it and even inject.

For 6 years her addiction was so bad she lost everything: jobs, friends, family, everything she owned, even her dignity and morals. She was alone fighting the worst battle of her life.

In 2007, she was caught with possession of cocaine, after reoffending shortly after, she was sent to prison. Rather than give Tracy any chance to seek treatment, she was sent to prison for 5 years.

In prison, she realized there were just as many drugs in prison as on the street. Being there did not help. She needed treatment, not a prison sentence. It is nearly impossible to find a treatment facility because there are so few available.

From the age of 15 until May 4, 2007, Tracy abused drugs. What drove her to sobriety? She was so tired of losing everything, living couch to couch, doing illegal things to get drugs and having her dignity and morals stripped away because she was chasing a high. She was ready for a change, to take back the life she lost during her addiction.

Today, her life has changed dramatically. A week ago, on May 4th, she celebrated 9 years of sobriety. Now, she uses her experience of moving past addiction to help others. She is in college, studying psychology to become a substance abuse counselor. She started a job at a recovery house as a resident advisor and is also an active member of Team Recovery.

The legislative action the House will address this week will provide much needed correction to our justice and health systems—which have not adapted fast enough to this crisis.

I wish to emphasize a few lessons Team Recovery highlighted to me. These are the recommendations of individuals who understand the plight of heroin and opioid addiction better than most:

1. There needs to be more funding for detox beds. They should not be limited to 16 beds per facility.

2. Medicaid should not cap facilities to 16 detox beds.

3. Prevention, education, and awareness are paramount! The innovative approach of Team Recovery's school presentations allows students to better relate, impacting their understanding and behavior.

4. Better monitoring of prescription prescribing and over-prescribing is needed. Creating stricter limitations on prescription counts is highly necessary.

5. Suboxone and Methadone (opioids) are not the solution to an opiate epidemic for everyone, but cannot be ruled out as an option for some.

6. Vivitrol is a key resource and should be utilized more.

7. Recovery is possible but detox and treatment are paramount. Jail without addiction treatment fails those who need help.

8. Opioids impact the way the brain functions. Recovery can take months, if not years, if it is to be effective.

Finally, if anyone listening is facing this terrible monster of addiction, or you know a friend or loved one who is, call 1-800-662-HELP.

That's 1-800-662-4357 for advice and direction.

The life you save may be your own, or that of a relative, friend or loved one.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Ms. KAPTUR for putting a face to this addiction with the moving stories of Matt and Tracy.

I yield to the gentleman from Ohio (Mr. CHABOT).

Mr. CHABOT. Mr. Speaker, I thank Ms. CLARK and Mr. GUINTA for their hard work in making this Special Order happen tonight and in moving forward on this very, very important issue.

Mr. Speaker, opioid use is an epidemic in this country, and unfortunately the problem is only getting worse.

I want to also commend Senator ROB PORTMAN for his leadership in introducing and passing in the other body CARA, legislation to combat opioids, especially heroin. I would expect that whatever we pass here in the House—and we are considering a number of bills—will ultimately be reconciled with the Senate and Mr. PORTMAN's bill over in the Senate. This will help many struggling Americans.

I talked to a member of a city council in one of the smaller communities in my district back in—I represent the greater Cincinnati area—in Lorain County. It happened to be North Bend.

According to the last census, there are only 857 people who live in the entire village, so it is pretty small. But the first councilperson that I talked to talked about the heroin problem they are having in this community. This is a very small community, kind of a normal, middle class area. There are great people, families, hardworking people. Yet, heroin is becoming a scourge in this community.

William Henry Harrison, one of our earlier presidents—he has his monument and was buried—is from this community. It is just amazing to me to think that if it is hitting a small community like this, it is hitting virtually everywhere.

Simply put, we must find workable solutions to this epidemic. High income, low income, urban, suburban, rural, it really doesn't matter. This epidemic is impacting communities all across this country.

In fact, in my home State of Ohio, 13 out of 16 congressional districts are

designated as high intensity drug trafficking areas by the Office of National Drug Control Policy. Back in 2014, just a little over a year ago, we had a staggering 2,744 heroin deaths in our State alone. Obviously, States all over the country are having this problem as well.

Mr. Speaker, in searching for an answer to this problem—I happened to be the dean of the Republicans in Ohio—we had a briefing with the head of the Office of National Drug Control Policy, Michael Botticelli. We actually learned an awful lot about what is happening in our State and nationally.

Basically what we learned is that there are two fronts. It is reducing the supply and it is eliminating the demand. Supply reduction is a complex issue. Since much of the heroin is coming across the Mexican border, obviously, increased border security is important. Treatment is absolutely important.

The Drug Enforcement Agency often has take-back days where people can drop off old prescriptions to licensed agents for disposal. What we have seen are that an awful lot of especially young people who are getting hooked on heroin start out with prescription drugs, and oftentimes it is something that they got from a family member in their own home.

Despite additional control mechanisms, if there is one thing we have learned over the years, it is almost impossible to completely cut off the supply of any particular drug. So we must also eliminate the demand.

We need to focus on drug treatment and prevention programs. For example, in Cincinnati, we have something called the Talbert House, which is one of many nonprofits that help folks in southwest Ohio and northern Kentucky to combat substance abuse. So there are many, many programs that we already have. We need to have more.

I want to, again, commend the fact that this is happening in a bipartisan manner. We have a lot of Members in the House, both Republicans and Democrats, who have come together and have a lot of good plans. They have talked with the folks in their districts. I commend my colleagues for working on this together in a bipartisan manner.

Let's reconcile what we pass here with the Senate, let's get this passed into law, and let's move this forward on this very, very critical issue.

I thank the gentlewoman from Massachusetts for pulling this Special Order together this evening.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentleman from Ohio for reminding us that even rural America has not been spared this epidemic.

I yield to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, this is an emotional night for me. I thank the gentlewoman from Massachusetts (Ms. CLARK) for guiding us. I

also thank Representatives GUINTA and KUSTER. I am so moved by the fact that we are here on a bipartisan statement.

As I spoke to Ms. KUSTER and indicated, as a ranking member of the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations count me in, as she began to expand the tragic window of the impact of drug addiction, particularly opioids. Let me speak very quickly because I have a lot to say.

This is an epidemic that has gone beyond reason. Between 2000 and 2014, almost half a million people died from drug overdoses. In 2014 alone, more than 47,000 people died of drug overdoses. The largest percentage of overdose deaths in 2014 were attributed to opioids like prescription painkillers, methadone, morphine, and heroin.

Today in the Rules Committee, we made it clear that we want to work with doctors and law enforcement. We also said that we understand the use of painkillers during end of life. We understand that, so we are not here to condemn. We are here to help.

I am so glad that the Judiciary Committee will have on the floor this Comprehensive Addiction and Recovery Act that responds to this crisis. It is a treatment bill where we will bring together law enforcement and substance abuse treatment persons.

This emergency is compounded due to the perilous connection between prescription painkillers and heroin. Approximately three out of four new heroin users report that their use began with their abuse of prescription drugs.

Not only were 11 million people at risk of overdosing due to their abuse of prescription painkillers, 11 million people were also at risk of becoming addicted to heroin with its attendant risks.

We have heard the stories, and let me share some with you very quickly. I read one on the plane as I came up. It was a very painful story. A woman was detained in a fatal car wreck. In that car was her little 2-year-old and a little 7-year-old. She was on hydrocodone. She sideswiped two cars and then killed a person on a motorcycle. That person's family does not have them anymore. This woman will be subjected possibly to life imprisonment. Those children will not have a mother.

What about the situation in Ohio?

We don't know what the circumstances were, but eight persons of a family were killed execution style. Drugs were behind it.

What about this mother who supplied hydrocodone and alcohol to her son and his date on prom night?

There is an epidemic that we must confront. There are those who would do wrong, but those who are addicted.

This is evidenced by a study, "How the Heroin Epidemic Differs in Communities of Color." It is important, as I stand here and look at the suburban and rural areas, that we, again, remember how it has doubled among African Americans, Latinos, and Native Ameri-

cans and that we look to the kind of resources that would include all.

In conclusion, let me share these numbers with you that I think are so very important. They are startling. The increase in overdose by rates: 267 percent by the White population from 2010 to 2014. 213 percent by African Americans from 2010 to 2014. 137 percent by Hispanic. And Native Americans, 236 percent. Not one person can be counted out that needs to be included in our work here on the floor of the House.

I am glad that we are making this statement today and next week because now America knows the Congress is speaking, the bully pulpit will be heard, and I hope we can save lives.

I am pleased to join my colleagues of the Bipartisan Task Force to Combat the Heroin Epidemic to speak on this important issue impacting all Americans.

I want to thank Congressman FRANK GUINTA (R-NH) for his leadership in elevating this issue to a national forum that has drawn unprecedented attention and concern.

We must take action because today a leading killer of Americans is drug overdose.

Between 2000 and 2014, almost half a million people died from drug overdoses.

Many of these deaths were preventable.

In 2014 alone, more than 47,000 people died of drug overdoses.

The largest percentage of overdose deaths in 2014 was attributed to opioids—like prescription painkillers, methadone, morphine, and heroin.

Specifically, 28,647 people overdosed and died because of an opioid in 2014.

We are experiencing an emergency that impacts citizens in every state, city, and town in this country—that is prescription painkiller and opioid abuse.

This emergency is compounded due to the perilous connection between prescription painkillers and heroin.

Prescription painkiller abuse is the strongest risk factor for future heroin use.

Approximately three out of four new heroin users report that their use began with their abuse of prescription painkillers.

Heroin use becomes appealing to those addicted to prescription painkillers because it is cheaper and easier to obtain.

Due to its potency, heroin use tends to lead to addiction.

Heroin addiction is often deadly, leading to overdose or other chronic diseases.

The rate at which the occurrence of heroin overdose deaths increased is cause for alarm.

In the four years between 2010 and 2014, heroin overdoses more than tripled.

More than 10,500 people died from heroin overdoses in 2014.

In 2013, more than 8,200 people died from heroin overdoses.

In that same year, 11 million people admitted to improper use of prescription painkillers.

Not only were 11 million people at risk of overdosing due to their abuse of prescription painkillers, 11 million people were also at high risk of becoming addicted to heroin—with its attendant risks and dangers.

This current crisis requires an immediate and comprehensive response and the bill before us today is one element of a broader strategy.

I am proud to say that I have worked with my colleagues on the Judiciary Committee and with members of the Heroin Task Force to introduce and cosponsor legislation that help combat this deadly epidemic.

Legislation Supported by Jackson Lee

1. Bipartisan Comprehensive Legislation:

H.R. 953—Comprehensive Addiction and Recovery Act of 2015; Representative SENBRENNER, F. JAMES, Jr. [R-WI-5] (Introduced 2/12/15); 124 Cosponsors (84 Dems—including S.J.L., 40 Reps); *No Sentencing Enhancements or Penalties.

H.R. 3719—"Stop the Overdose Problem Already Becoming a Universal Substance Epidemic Act of 2015" or the "STOP ABUSE Act of 2015"; Representative GUINTA, FRANK C. [R-NH-1] (Introduced 10/08/2015); 8 Cosponsors (4 Dems, 4 Reps); *No Sentencing Enhancements or Penalties.

H.R. 4697—Prevent Drug Addiction Act of 2016; Representative ESTY, ELIZABETH H. [D-CT-5] (Introduced 03/03/2016); 2 Cosponsors (Reps); *No Sentencing Enhancements or Penalties.

2. Legislation to Improve Pain Management Practices:

H.R. 4499—the "Promoting Responsible Opioid Prescribing Act of 2016" and as the "PROP Act of 2016"; Representative MOONEY, ALEXANDER X. [R-WV-2] (Introduced 02/09/2016); 31 Cosponsors (18 Rep, 13 Dem); *No Sentencing Enhancements or Penalties.

H.R. 2805—Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015; Representative BROOKS, SUSAN W. [R-IN-5] (Introduced 06/17/2015); 41 Cosponsors (23 Reps, 18 Dems); *No Sentencing Enhancements or Penalties.

H.R. 1821—Opioid Overdose Reduction Act of 2015; Representative NEAL, RICHARD E. [D-MA-1] (Introduced 04/15/2015); 6 Cosponsors (4 Reps, 2 Dems); *No Sentencing Enhancements or Penalties.

H.R. 2335—Stop Tampering of Prescription Pills Act of 2015; Representative KEATING, WILLIAM R. [D-MA-9] (Introduced 05/14/2015); 9 Cosponsors (5 Dems, 4 Reps); *No Sentencing Enhancements or Penalties.

H.R. 4599—Reducing Unused Medications Act of 2016; Representative CLARK, KATHERINE M. [D-MA-5] (Introduced 02/24/2016); 14 Cosponsors (10 Dems, 4 Reps); *No Sentencing Enhancements or Penalties.

H.R. 4063—Jason Simcakoski PROMISE Act; Representative BILIRAKIS, GUS M. [R-FL-12] (Introduced 11/18/2015); 30 Cosponsors (17 Reps, 13 Dems); *No Sentencing Enhancements or Penalties.

3. Legislation to Improve Treatment:

H.R. 2536—"Recovery Enhancement for Addiction Treatment Act" or the "TREAT Act"; Representative HIGGINS, BRIAN [D-NY-26] (Introduced 05/21/2015); 25 Cosponsors (18 Dems—including S.J.L., 7 Reps); *No Sentencing Enhancements or Penalties.

H.R. 4076—The Reforming and Expanding Access to Treatment Act or the "TREAT Act"; Representative TURNER, MICHAEL R. [R-OH-10] (Introduced 11/18/2015); 6 Cosponsors (all Dems); *No Sentencing Enhancements or Penalties.

H.R. 3865—Cradle Act; Representative JENKINS, EVAN H. [R-WV-3] (Introduced 10/29/2015); 38 Cosponsors (30 Reps, 8 Dems—including S.J.L.); *No Sentencing Enhancements or Penalties.

H.R. 4586—Lali's Law; Representative DOLD, ROBERT J. [R-IL-10] (Introduced 02/23/2016); 3 Cosponsors (2 Dems, 1 Rep); *No Sentencing Enhancements or Penalties.

H.R. 2872—Opioid Addiction Treatment Modernization Act; Representative BUCSHON, LARRY [R-IN-8] (Introduced 06/24/2015); 5 Cosponsors (4 Reps, 1 Dem); *No Sentencing Enhancements or Penalties.

Sentencing Reform Legislation:

H.R. 3713—Sentencing Reform Act of 2015; Representative GOODLATTE, BOB [R-VA-6] (Introduced 10/08/2015); 65 Cosponsors (48 Dems—including SJL original, 17 Reps)

We must make our best efforts to prevent individuals from moving from painkillers to heroin by making treatment for addicts more accessible by encouraging the use of evidence-based programs, such as medication-assisted treatment.

Life-saving overdose reversal drugs, like naloxone, are most valuable in the hands of trained individuals who regularly come in contact with individuals who are prone to drug overdoses.

It is important that we support these measures that will increase the use and availability of naloxone and other overdose reversal drugs to first responders.

Addiction is a disease that affects the brain and eventually changes the behavior of addicts, causing them to experience mental health issues and encounter legal problems.

Treatment is the most reasonable and effective approach to diverting these individuals away from homelessness and prison.

[From WETA FRONTLINE, Feb. 23, 2016]

HOW THE HEROIN EPIDEMIC DIFFERS IN COMMUNITIES OF COLOR (By Sarah Childress)

Most of the media attention in the current nationwide heroin epidemic has focused on the uptick in overdose deaths among suburban, white, middle-class users—many of whom turned to the drug after experimenting with prescription painkillers.

And it's among whites where the most dramatic effect has been seen—a rise of more than 260 percent in the last five years, according to the Centers for Disease Control.

But the epidemic has also been seeping into communities of color, where heroin overdose death rates have more than doubled among African Americans, Latinos and Native Americans, but gone largely overlooked by the media.

People develop addictions for a variety of reasons, which makes it difficult to gather concrete data on what's happening in each community, said Dr. Wilson Compton, deputy director at the National Institute of Health's National Institute on Drug Abuse. "To a certain extent, these are hidden behaviors, and we only notice people at the end of their lives sometimes," he said. "So we don't always know all of the pathways that lead to this."

FRONTLINE spoke to experts and community outreach workers around the country to try to understand the differences. While some have followed a similar trajectory as the white community, a closer look at the epidemic in some communities of color reveals a different story.

And outreach workers in several cities say that while funds and attention have been directed to aid white opioid and heroin users in the suburbs, they are still struggling to get the resources they need to support minorities who are dealing with the same addiction.

"Our job is to help those services really make it deep into the community," said Jacqueline Robarge, founder and director of Baltimore-based Power Inside, which serves drug users who are mainly African-American women. "And if they aren't going to arrive, we want to have an accounting that these people have been suffering for decades. It really is disingenuous if the resources are only going to be directed at the suburbs and the counties where, basically, the white folks are getting high."

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Ms. CLARK of Massachusetts. Mr. Speaker, I thank Ms. JACKSON LEE for her advocacy and leadership and always championing our communities of color who have also been devastated by this crisis.

I yield to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I thank the gentlewoman for yielding and thank her and Mr. GUINTA for this very important evening where we are talking about a plague on our country.

I am pleased to stand here today to join my colleagues from both sides of the aisle in resolve to find real solutions for the heroin and opioid epidemic hitting our communities and our Nation. Our Bipartisan Task Force to Combat the Heroin Epidemic is actively bringing together law enforcement, treatment, and recovery experts to share critical information that has been helping us to better understand the issue.

This House is working on crafting better laws that will help law enforcement tackle this problem so that treatment and recovery professionals can effectively offer lifesaving treatments to those currently suffering from addiction.

Our words must be followed by action. We are working with all levels of government, from the Federal down to the local level, as well as the private sector and nonprofits to fix this problem.

For example, I introduced the Co-Prescribing Saves Lives Act with my Democratic colleague, Congressman BILL KEATING, which would encourage physicians to co-prescribe naloxone alongside opioid prescriptions and make naloxone more widely available in Federal health settings. Naloxone is a safe and effective antidote to opioid-related overdoses, including heroin and fentanyl, and is used as a critical tool in preventing fatal opioid overdose, having reversed more than 26,000 overdoses between 1996 and 2014.

I have cosponsored and supported several other bills, such as the ones we are working on this week, to advance stronger, up-to-date solutions to this brutal epidemic.

But it is the human side of the story that motivates us. Every district has their stories, and I commend the families that are speaking out so that others don't experience the pain and loss that they have.

Vonda Probst from Friedens, Pennsylvania, lost her son Jared Carter to a

heroin overdose 2 years ago. Jared enjoyed motorcycle riding, four wheeling, fixing old cars, and being outdoors. He would have turned 30 last summer. There are far too many stories like Jared's in Pennsylvania and throughout the Nation, stories about lives full of potential and value that are cut short by drug abuse.

Chad Schilling was another individual from my district whose family has spoken out. Chad died last month at the age of 32. He was the third member of his high school's 2001 football team. "It can happen to anybody," Jeff Schilling, Chad's dad, said. "I don't care if you're poor, you're homeless, you're wealthy, it can happen to you. So get help."

And then there is Tony Swalligan. As stated in an editorial in Johnstown's Tribune-Democrat, Kathi, Tony's mother, wants others to know that she is both grieving and angry that heroin claimed Tony, her baby, the youngest of 10, who was just 23 years old.

She said: "As a woman of faith, I'm taking this to God and asking him to damn heroin. That's how I feel: Damn heroin."

"You only have to come over to the funeral home," Tony's mother said, "to know there's absolutely nothing fun about heroin. And it's not just themselves they're killing. They're doing this to their whole family. You think, 'Ooo, I want to get high.' But you're killing your whole family."

His mother said: "What part of 'heroin is highly addictive' don't our young people understand? Do they all think they're 6 feet tall and bulletproof?"

It is these stories that are all too often, but we must, we can find effective solutions to the opioid epidemic for these families. I am confident, by working together, we can turn the tide and save lives. I thank, again, my colleagues for organizing this very important hour.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Congressman ROTHFUS for sharing the stories of Jared, Chad, and Tony and really putting a face and a name to this epidemic.

I now yield to the gentlewoman from Maine (Ms. PINGREE).

Ms. PINGREE. Mr. Speaker, I want to thank my colleagues very much for organizing this Special Order and for the bipartisan approach to dealing with such a challenging issue.

I would like to rise today to share some of the stories, as my colleagues have, about my constituents whose lives have been impacted by addiction.

We are now so well aware that addiction to prescription opioids is on the rise nationwide. In my home State of Maine, that trend has also been accompanied by a drastic increase in the use of heroin and other illicit drugs. Sadly, now heroin and other drugs provide a cheaper, more readily available alternative to diverted prescription medicines. The unpredictable formulations of these drugs, which can vary drastically in toxicity, have made Maine's

epidemic of addiction particularly deadly.

In cities, small towns, and rural areas across the State, people are dying each week. Everyone knows someone—a family member, a friend, a neighbor—who has overdosed. No one is immune. People from every background, income level, and generation are at risk.

One of the individuals we have tragically lost was a brother of a staff member of mine. His name was David McCarthy, and his struggle with addiction was captured in a feature this summer in *The Washington Post*, entitled, “And Then He Decided Not to Be.” David, who had been sober for several months, relapsed on the evening before he left home to return to his winter job at a ski resort.

His family came forward to speak openly and honestly about his death because they believe, as I do, that removing the stigma and silence around addiction is an essential part of treating it as the serious illness that it is.

One of the most poignant aspects of this family’s experience is that the day after David’s death, his brother Michael overdosed on the same batch of heroin. In Michael’s case, however, he was found while he was still alive, and the same paramedics who responded to David’s death happened to have a physician with them who administered an overdose reversal drug to revive him, so he survived. With his family’s support, he has now entered a long-term treatment program. Access to those resources, like readily available Narcan and quality treatment opportunities, quite literally saves lives.

I am deeply frustrated and disappointed that my colleagues here in Congress have been unable to come together to provide funding to address this epidemic. I am very glad to see the House working on legislation this week related to opioid abuse, but the reality is, without funds appropriated to support the new programs created, many of these bills are nothing more than political rhetoric.

I am afraid that some lawmakers would prefer to have people suffering from addiction continue to turn to our already overburdened emergency rooms for care, to continue asking them to enter treatment, only to be turned away because they can’t pay, or asking those people who are addicted to continue struggling to recover while also dealing with homelessness, food insecurity, and a range of other challenges. That is just unacceptable.

Every victim of this epidemic represents an incredible loss, not only to the people who love them, but to all of us, in the form of missed potential.

This summer I had the pleasure of meeting Chris Poulos, a University of Maine law graduate who was working to get his security clearance for a fellowship at the White House Office of National Drug Control Policy. The process was especially difficult for him because he is a convicted felon who was

arrested for drug possession during a period of addiction to opioids and other drugs; but now Chris is devoting his considerable talent and intellect to helping others—not despite, but because of his own recovery. The State of Maine and our country are better off because he could access treatment when he needed it.

Our constituents need treatment, and they need it now. States can’t face the epidemic alone, and they shouldn’t have to. The difference Federal funding can make became clear to me recently when I visited Crossroads, a recovery center in my district. Through a Federal grant, they established a treatment program for pregnant and parenting women which allows them to remain unified with their children while working on their recovery.

One participant, Helen, came to the program while pregnant with her fourth child. The caring staff at Crossroads worked with her to ensure that she was able to bond with her baby after his birth and help facilitate her transition to a long-term sober housing program. I am proud that Federal funding played a part in her recovery. I firmly believe that helping Helen to get clean is a great investment in her, in her children, and in our society.

During my visit to Crossroads, though, I heard about the many people who struggle to access affordable treatment or find themselves left without any support when they have completed it. They, too, need us urgently.

Congress needs to come together and appropriate emergency funds to combat the epidemic of opioid abuse in our country. Clearly, it is a matter of life and death.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentlewoman from Maine. I thank her for sharing the personal story of David and Michael. I know that, in my extended office family, we grieve and remember and will continue to work for change for Kyle and Emmett, who we have lost in the past year as well. We will remember all the names that were mentioned in this first hour of Stephen, Jennifer, Morgan, Bethany, Matt, Tracy, Jared, Chad, Tony, David, and Michael.

I thank my colleague from New Hampshire again for his work on this bipartisan task force.

Mr. Speaker, I yield back the balance of my time.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4641, ESTABLISHING PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE, AND PROVIDING FOR CONSIDERATION OF H.R. 5046, COMPREHENSIVE OPIOID ABUSE REDUCTION ACT OF 2016

Mr. STIVERS (during the Special Order of Ms. CLARK of Massachusetts), from the Committee on Rules, submitted a privileged report (Rept. No. 114-551) on the resolution (H. Res. 720)

providing for consideration of the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, and providing for consideration of the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of opioid abuse, and for other purposes, which was referred to the House Calendar and ordered to be printed.

COMBATING THE HEROIN AND OPIOID EPIDEMIC

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 6, 2015, the gentleman from New Hampshire (Mr. GUINTA) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. GUINTA. Mr. Speaker, I ask unanimous consent that Members have 5 legislative days to revise and extend their remarks in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Hampshire?

There was no objection.

Mr. GUINTA. Mr. Speaker, I want to thank my colleague, the gentlewoman from Massachusetts (Ms. CLARK), who is doing great work in this area. New England is particularly stressed with an opioid epidemic, as are many other States around the country, but her work is important because we share a cross-State border. We need to continue to work together on this particular issue.

I yield to the gentleman from Illinois (Mr. DOLD), a leader on the heroin and opioid epidemic and bringing legislation to the floor.

Mr. DOLD. Mr. Speaker, I want to thank my good friend for yielding. I want to thank Representative GUINTA for his leadership with the Bipartisan Task Force to Combat the Heroin Epidemic. I also want to thank Representative KUSTER and Representative CLARK for their leadership on this issue.

Mr. Speaker, between 2001 and 2014, there was a threefold increase in prescription drug overdoses. What was amazing is that during that same period of time there was a sixfold increase in heroin overdoses in the United States. This is truly an epidemic. Today every 19 minutes, someone dies from a heroin overdose.

In Chicago’s collar counties, we lose one individual every 3 days. In Cook County, it is more than one a day. As the co-chair of the Illinois Suburban Anti-Heroin Task Force, I have seen the unimaginable suffering that heroin has brought into families in our community. Naloxone, however, has proven to be hugely successful as a lifesaving

antidote. When used, naloxone helps restore breathing that has been stopped by an overdose of heroin.

In Lake County, Illinois, alone, over the course of a little bit over a year, over 74 lives have been saved with naloxone. This program equips police with the overdose antidote and trains them how to administer this medication. What was fascinating was that the police force didn't have to be asked to do this. They actually requested to have the opportunity because they were coming to these scenes over and over and over again, usually about 5 to 7 minutes before first responders and the fire department would come, before the paramedics would be there. They didn't want to actually watch these young people, these individuals, these people who were addicted just wither away and die. So they were given naloxone, they were given the training, and thus we have seen the success in one county across our country.

My work with the Lake County Opioid Initiative inspired me to introduce Lali's Law with Representative CLARK. Our bill is named in honor of Alex Laliberte, a young man from Stevenson High School, who passed away just before his finals in his sophomore year.

Now, what is amazing about Alex is that Alex was a normal guy. He played sports, had lots of friends, had good grades, your typical all-American, red-blooded young man. Yet when he was in college in that first part of his sophomore year, he started to get sick, and he went into the hospital. His parents and his teachers, nobody really knew what was wrong, but he was actually going through withdrawal from prescription drugs. He would get better and then, all of a sudden, would repeat this process, until eventually he passed away.

Lali's Law will help increase access to naloxone by providing grant money to States as they implement standing order programs that will allow pharmacists to dispense naloxone over the counter without a person-specific prescription. With increased access, the World Health Organization says that we will be able to save at least 20,000 additional lives each and every year.

□ 2015

Naloxone is one piece of the puzzle to combat the opioid epidemic. Another piece is getting addicts saved by naloxone—those that have had that second chance at recovery—into treatment.

This summer the Lake County Opioid Initiative is rolling out another program with the help of police officers who are trying to become that link between the addicts. They are trying to get those suffering from addiction into treatment centers that can actually help them. They want to bring them in.

They say: We don't want to put you in handcuffs. We don't want to put you behind bars. We actually want to get you into treatment. So bring your par-

aphernalia in, bring the drugs in here, and let's try to get you into an area where you can get that treatment that you need.

We are also encouraging people to properly dispose of their excess medications, especially prescription opioids. The Lake County Underage Drinking and Drug Prevention Task Force has set up drug take-back boxes throughout Lake County at police departments.

What is amazing is that, over the course of the last year, they have collected 12,000 pounds of prescription drugs. This is just in the police station.

So we went to Walgreens and said: Please help us. Please help us get this word out. Please help us make it easier for us to allow people to get their prescriptions that they don't need—the excess—back. They are able to and said they would happily to do that.

I am so pleased to announce that Walgreens said they are going to put 500 prescription take-back boxes throughout the country. This is a huge step forward. CVS is working on education programs. So we appreciate those outside of the Congress that are helping us in this regard.

I am thrilled that we are taking up these incredible bills, these great bills, these steps forward that will help our communities combat the opioid epidemic by leveraging resources in our judicial and public health systems.

I encourage my colleagues to take a look at these very seriously. I encourage my colleagues not only to vote for these, but I encourage my colleagues to go back to their community and educate their citizens, their families, their organizations in their district, about this incredible epidemic.

There are parents I encounter today that say, "It is not in my neighborhood," and it is, "It is not in my school," and it is. The evidence is far too overwhelming.

Frankly, this is why this week, in a bipartisan effort, Republicans and Democrats alike are coming together to shed light on what we see each and every day.

Because there is no way in the world we can have another parent walk into a bedroom to find another child that has overdosed without doing all that we can to try to prevent that tragedy from happening ever again.

So, again, I want to thank FRANK GUINTA, I want to thank ANN KUSTER, and I want to thank all of those that have come tonight to help combat this incredible epidemic.

Mr. GUINTA. I want to thank the gentleman from Illinois (Mr. DOLD), for his leadership in Lali's Law and making sure that that bill comes to the floor for passage, as it is incredibly important to his district and honors Alex and his challenge.

I yield to the gentlewoman from New Hampshire (Ms. KUSTER), my friend and the co-chairman of the Bipartisan Task Force to Combat the Heroin Epidemic, who is working diligently with

me on this task force to do everything we can to help citizens of our State and the Nation.

Ms. KUSTER. I thank Mr. GUINTA for his leadership and all of the participants in this bipartisan Special Order who are putting a face on the heroin epidemic all across the country.

This evening I rise, as co-chair of the Bipartisan Task Force to Combat the Heroin Epidemic, to join my colleagues on both sides of the aisle who have spoken to highlight the impact that this devastating impact has had in our home State of New Hampshire and all across the country.

Just a few months ago our task force held a similar Special Order to focus on the human impacts of this crisis and how it is affecting families and friends and colleagues in communities all across our districts. While the crisis has continued, the good news is that we are now making important progress toward a solution here in Congress.

I am appreciative of the important work that the Senate undertook in passing the Comprehensive Addiction and Recovery Act, and I want to thank Democratic and Republican leadership as well of the relevant committees for their hard work in recent weeks in bringing legislation to the floor of the House this week.

At the same time, I call upon my colleagues to ensure that this important work fulfills its intended purpose by providing the necessary assistance to treatment and recovery efforts that are so critical to responding to this crisis.

Recently, in January, I spoke about my dear friend Kriss' stepdaughter, Amber, who tragically died from an overdose after a treatment bed was unavailable for her after leaving incarceration. This story, of course, illustrates the tragic consequences that limited treatment capacities can have for vulnerable members of our communities.

Another heartbreaking story in my district involves Carl, the son of my constituent and good friend, Sue Messinger.

At 24 years old, Carl had been using heroin on and off for about a year before he finally approached his parents to talk about his addiction. To put it simply, his parents were stunned.

Carl was a recent college graduate who earned good grades and had his eyes set on applying to dental school. It was almost inconceivable to them that such a high-achieving young man could fall victim to opioid addiction. But as they learned that day and as we all now know too well, there is no one face of addiction.

After discussing his addiction at length with his parents and asking for their help and support as he began his journey to recovery, Carl's parents were able to secure him a place at a detox program over 50 miles away from home, the only one that would take him as a cash-paying client because their insurance would not cover an opioid detox program.

Six days later Carl successfully completed the detox and was discharged to

return home to his parents. Over the next several weeks, Carl continued on his road to recovery. He passed every drug test and remained resolutely committed to avoiding all drugs and alcohol. His family was so pleased to see him getting better with each and every day.

But when Carl came down with an upper respiratory infection shortly thereafter, a fatal error occurred in treating the infection. Unaware of Carl's history of addiction and his recent completion of detox, the doctor who saw Carl for his respiratory infection prescribed Cheratussin AC syrup, a narcotic cough suppressant.

Triggered by the codeine in the cough syrup, Carl's addiction was instantly reawakened. When Carl could resist the craving no longer, he decided to inject. The substance he injected, however, was pure fentanyl, 50 times more powerful than heroin. He died of an overdose in his family's home.

There were no labels on the bottle that indicated that cough medicine could trigger such drug-seeking behavior and no way for Carl or his parents to know that his cough medicine could pose such a fatal danger.

Since his death, his mother Sue has spoken out about the need to reform labeling requirements to make sure that no other family has to endure what she has had to live through. Carl was an educated, kind, driven young man who came from a supportive family, and this tragedy could occur to anyone.

The tragedy of Carl's story is why I was proud to help introduce Jessie's Law. Sponsored by Representative WALBERG, this bill would seek to ensure that medical professionals have full knowledge of a patient's previous opioid addiction.

It seeks to do this by requiring the Secretary of Health and Human Services to develop standards for the prominent display of a patient's history of opioid addiction in their medical records when those patients consent to include that information and by ensuring that the information can more easily be shared among providers with consent.

While this legislation was only recently introduced and is not included in the current package of bills, I am hopeful we can work on bipartisan basis to bring this important bill to the floor before the end of this session.

I am very pleased with the legislation we are considering this week that will have a measurable impact to move the needle in finding this epidemic.

Among the 15 bills on the floor this week, half are part of the legislative agenda developed by the Bipartisan Task Force to Combat the Heroin Epidemic that I started with my colleague, Congressman GUINTA. Additionally, provisions of several other bills are included in legislation being considered.

So this week represents truly important progress in the House. It is crit-

ical that those who have engaged in the fight against the epidemic continue to press on in our efforts to include critical financial assistance for prevention, treatment, and recovery in our final bill.

As we reflect tonight on those we have lost to this epidemic and those who are still fighting it, let us continue to focus to ensure our communities have the help that they need to put this crisis behind us.

Again, I thank all of our colleagues who are working to stop this epidemic.

Mr. GUINTA. I want to thank the gentlewoman from New Hampshire for talking about Carl and our good friend Kriss and her stepdaughter Amber.

I yield to the gentleman from Pennsylvania (Mr. FITZPATRICK), my colleague.

Mr. FITZPATRICK. I thank Representative GUINTA for yielding and for his incredible and sustained leadership, along with Representative KUSTER and others, on this important bipartisan work.

I know that we all wonder if the work that we do here in the Nation's capital—the bills that we consider, the votes that we cast—is having an impact on individuals.

I truly believe—and I know that each of us do—that, if we can pass the bills that are being discussed here tonight, we can get them through the Senate and on the President's desk. If they could become law, we literally could save lives. We could see families being saved.

For some that we represent, the opioid drug use may seem a world away. But, sadly, the numbers remove any doubt about heroin's impact so close to home when we have heard those stories told over and over again this evening.

By every metric, the effects of heroin has reached epidemic levels. I heard Representative COURTNEY earlier today here on the floor speak about the epidemic as a national emergency. With that I agree.

In Pennsylvania, heroin overdoses and opioid abuse will kill more people than homicides or influenza. In some States, it is more deadly than automobile accidents.

There are several reasons for the rising statistics, Mr. Speaker, including the increased supply and decreased cost of heroin and the increasing number of Americans addicted to opioid painkillers.

At a townhall meeting last fall in Quakertown, Bucks County, Pennsylvania, in my district, graduates of the Bucks County Drug Court shared their inspirational journeys toward recovery.

These stories, while marked with tragedy, are also punctuated with the hope that their message can save others from the pain and the loss of heroin addiction. Their message is having an impact.

My community of Bucks County, Pennsylvania, and others around this

country are joining in the fight against drug abuse. Just 2 weeks ago, Bucks County residents helped dispose of more than 10,394 pounds of old pills and prescription drugs.

I just heard this evening both Representative DOLD and Representative CHABOT speak about what they referred to as drug take-back days. We in Bucks County have removed literally tons of prescription drugs from the street, medicine cabinets, and from the water stream. Remove the supply as we work to remove the demand.

As a member of the task force, I am continuing to work with leaders like those speaking here tonight in both political parties toward a common goal of developing and enacting these national policies to stem the rising tide of drug use and drug abuse.

Through the hard work of this task force and the tireless efforts of local recovery advocates across our country, this week the House will take an important step toward passing comprehensive policies designed to help combat the opioid epidemic facing our Nation.

I am proud to be part of this effort that will undoubtedly help save others from the pain and the loss of addiction.

I thank Representative GUINTA for his leadership. We look forward to the success of these bills here this week.

Mr. GUINTA. I thank Congressman FITZPATRICK for his leadership on the bipartisan task force and for working with us to combat this significant challenge.

I yield to the gentleman from Staten Island, New York (Mr. DONOVAN).

Mr. DONOVAN. I thank Congressman GUINTA and Congresswoman KUSTER for their leadership in this area.

Mr. Speaker, this week the House of Representatives will act to pass a package of bills addressing the opioid crisis.

One of them, the Comprehensive Opioid Abuse Reduction Act, will authorize new grant programs for cities and nonprofits for education, treatment, and enforcement, and not a minute too soon.

Opioid abuse is an epidemic. It is everywhere you look. It is in our neighborhood, in our social circles, and in our schools. Too many parents have buried their sons and daughters or watched them struggle for years with addiction, treatment, and relapse. It has to stop.

An effective response needs to address three areas: education, treatment, and enforcement. Today's youth have to be educated about the dangers of addiction, and loved ones need to learn to recognize the early signs.

□ 2030

The legislation the House will pass this week authorizes new grants to prevent the next generation from abusing pills and heroin.

Proven diversion programs, like the drug treatment courts I participated in as district attorney of Staten Island

for 12 years, should have the resources and the staffing needed to accomplish their mission: To get users off of drugs.

The Comprehensive Opioid Abuse Reduction Act authorizes grants to establish new drug courts and expand those already in operation. However, we must follow up on our efforts this week and ensure that the grant application process is not overly complicated and onerous.

In the past, the Federal grant processes has discouraged effective treatment organizations from seeking the resources made available by Congress. This is a national health emergency, and the bureaucracy must not get in the way of treatment.

Mr. Speaker, this week marks a major step forward. Congress is directing resources towards programs and policies that have been effective, and will continue to evaluate what is working and what is not. By working together and getting the right tools to local experts, we can beat this demon of addiction.

Mr. GUINTA. Mr. Speaker, I thank the gentleman from New York for his work on the Opioid Abuse Reduction Act, I thank him for his work on the task force and continuing the fight in this epidemic.

Mr. Speaker, I yield to the gentleman from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank my colleagues, Mr. GUINTA, Ms. KUSTER, and the previous Special Order leader, Ms. CLARK. This is tremendously a great turnout for such an important subject, and for you three to lead it. Especially my good friend, Mr. GUINTA, I want to say thank you on behalf of the many families who have been affected by this epidemic in Central Illinois where I am blessed to serve. I think this shows how serious Congress is about addressing the issue of opioids and addiction in our country, and I am happy the House is going to consider important pieces of legislation this week.

I want to read a quote from today's Bloomington, Illinois, Pantagraph. It says: "The profile of a typical heroin user shooting up in an alley or backstage at a rock concert no longer holds true."

According to the CDC, there were more than 1,700 drug overdose deaths in my home State of Illinois in 2014, and the eighth highest in the Nation.

As of March of this year, the Illinois Department of Public Health reported that 761 deaths in 2015 were attributed to heroin alone. And while the majority of these occur in the Chicagoland area, our State's rural communities, the communities that I serve, have seen a noticeable rise of heroin-related deaths in recent years.

As a matter of fact, just yesterday in Bloomington, Illinois, the towns of Bloomington, Normal, McLean County, I was there. There have been seven deaths last year attributed in that one county to heroin use.

I had the opportunity to join McLean County Sheriff Jon Sandage and Coun-

ty Coroner Kathy Davis and talk about what they see firsthand.

Mr. Speaker, I saw for the first time in my life what heroin looked like in the evidence locker at the McLean County Sheriff's Office just yesterday. I also had the opportunity to ride along with McLean County Sheriff's Deputy Jonathan Albee, a handler in the department's K-9 Unit, and his dog, Keej, who liked to bark at me a lot while I was in that car.

We discussed the recent rise in heroin overdoses, as well as the 70 percent increase in arrests for controlled substance possession that the McLean County Sheriff's Office says they have seen in the last year. And during that ride-along, I got to experience a stop where drugs were found, but not heroin.

This is the community where my daughter just finished her freshman year in college. I have seen how this epidemic cannot just touch larger communities, many urban communities like Bloomington, Normal, and McLean County, it touches my home county of Christian County, too.

Mr. Speaker, just a few years ago our county health department director was arrested for heroin use and heroin possession. If it can happen to our own county health department director, it can happen to anyone, regardless of your socioeconomic status.

Mr. Speaker, there are many factors that have made this epidemic widespread, from prescription practices, to the actions of cartels south of the border; and that is why we are addressing this important issue this week in the House of Representatives.

I am proud to join with my colleague, Mr. GUINTA. I want to thank him and the rest of the colleagues who have come here tonight to support this important issue.

I can't wait to vote in a bipartisan way for every single bill we are going to take up this week to address this very important issue.

Mr. GUINTA. I thank the gentleman from Illinois for his being here this evening, his leadership. He has talked very eloquently over the last several months about constituents of his that he is working so closely to help in creating an opportunity for recovery. So I thank the gentleman and thank him for being here.

Mr. Speaker, I yield to the gentleman from West Chester, Pennsylvania (Mr. COSTELLO).

Mr. COSTELLO of Pennsylvania. Mr. Speaker, Kevin Steele, who is the district attorney in Montgomery County, one of the four counties that I represent a portion of in southeastern Pennsylvania, noted earlier this week that there were 2,500 drug overdose deaths in Pennsylvania over the past year, 60 alone in Montgomery County.

This is what he said: "We're seeing numbers we haven't seen before. We're on pace to have the deadliest year for overdoses."

Now, not all of them are heroin, but quite a good number of them are.

I did not plan on coming down here to the House floor and speaking about any particular individual who I know, and I won't name names; but I will say this, and this is a bit of a surreal moment for me.

Between the time that I left my office and I came to the House floor, my brother texted me to let me know that someone that he went to high school with, who he was good friends with, who played in my backyard growing up, had passed away.

I then reached out to my other friend, who let me know that it was indeed, by all accounts, heroin. And in speaking with this friend, he shared with me the names of a few other individuals from my high school that I was completely unaware of who have passed away in the past 6 months, kids I haven't seen or heard from in 15 or 20 years, but nevertheless, it strikes very close to home for me and I am sure a lot of Members here tonight who have had firsthand experience with the epidemic.

As a member of the Bipartisan Task Force to Combat the Heroin Epidemic, I do want to thank Mr. GUINTA and his leadership. We have an opportunity this week to take constructive steps to combat the heroin and opioid epidemic that damages our communities and destroys families, and we have that opportunity by bringing a series of commonsense, bipartisan bills to the House floor for consideration.

Now, it is a package of bills. I won't get into the specifics of each one. I would rather paint with a little bit more of a broad brush here this evening and simply say that these legislative efforts to take constructive steps to get direct and immediate resources to those on the front line in this battle, our first responders, our physicians, and healthcare providers, our local and municipal officials, is a tremendous step forward in the right direction.

I served as a county commissioner, and I can tell you, I know the challenges that our local emergency responders and law enforcement professionals face each and every day.

Indeed, last week I was in Berks County, one of the four counties I represent, and had a roundtable with the county commissioners there, the district attorney, the director of the emergency department at the local hospital, and also drug treatment professionals.

It is very clear that we need a multi-lateral approach between drug treatment professionals, medical professionals, local officials. They each play a different role, but the theme is somewhat the same.

We have outdated regulations, we have insufficient resources, and we need to better align the resources that we are providing. And that is what we are going to do this week in the House, positive productive steps on a bipartisan basis to get those on the front lines in our communities, the resources they need. In doing so, we will better

empower our local first responders, our local law enforcement, and our community healthcare providers.

I would be remiss if I didn't also speak about the issue of prevention, prevention in the first instance. Abuse-deterrent medications are critical. Our life sciences industry in my district and across this country are making tremendous strides. It is a key component in preventing addiction for many in the first instance.

Let me conclude, though, with this, Mr. Speaker. As legislators, as lawmakers, we can't end this epidemic. A law, any number of laws that simply pass the House that may get signed into law are not going to end an epidemic. We understand that—and I want the American people to understand tonight—we are not saying that by passing laws, we end the epidemic.

But what we can do is improve collaboration and better align resources from and for the various stakeholders so that together we can turn the trajectory of this epidemic, which is on a very dangerous course, we can turn it into a declining direction, which is what we need to do. We need to turn this around.

We have a tremendous opportunity here in the House this week to take very positive steps in that direction, and I want to thank Mr. GUINTA for his leadership on this issue.

Mr. GUINTA. Mr. Speaker, I thank the gentleman from Pennsylvania (Mr. COSTELLO) for being here this evening and for his leadership in authoring the Prevent Drug Addiction Act of 2016, another mechanism by which we can provide opportunity to those who suffer from the ailment of addiction. His work is very well-regarded on the bipartisan task force and, again, I thank him for his leadership.

Mr. Speaker, I yield to another honorable gentleman from the great State of Pennsylvania (Mr. MEEHAN), my good friend.

Mr. MEEHAN. Mr. Speaker, I thank the gentleman from New Hampshire and all of my colleagues who have taken this approach to comprehensive discussion on what we can do with legislation to deal with the issue of not just heroin abuse, but the opioids that are now a precursor.

I would suggest that just about everybody who has come to this floor comes with a personal story. Mine is very personal as well.

The name of the act that I am sponsoring that is part of this comprehensive package is the John Thomas Decker Act.

John was an athlete of great talent. He was one of the record holders for more than a decade as a receiver who went on to Cornell as part of a program in which he was a lacrosse player, a program that won a national championship during his time there.

But John, like so many student athletes, suffered from a knee injury that impacted his ability to play, and like so many, he played through the pain.

And one of the things that he used in order to deal with that pain was opioids, opioids that in the beginning were prescribed, and then subsequently were used by him without a prescription.

But that should not surprise you, because one of the things that we look at with respect to college athletes is that 23 percent of college athletes, according to one NCAA study, have been prescribed pain medications during the course of the year. Another 6 percent, on top of that, self-prescribe with opioids.

So as a result, we have almost 1 in 4—more than 1 in 4 dealing with opioids. The problem being that that leads, oftentimes, to an addiction. There is a misunderstanding, a belief among many that it is a much safer drug because it has been prescribed, but not a recognition that it can lead, in weeks and even days with daily use, to a psychological dependency, which can lead toward the addiction.

Many people think that because they have been able to get it under control, they will return to it at some time later at a dosage that they used before, and because of the concentration being higher, they will return, and oftentimes it can lead, as it did in John Thomas Decker's situation, to an overdose.

The John Thomas Decker Act is designed to enable, at the high school level, the Centers for Disease Control to reach out, study the impact of opioid use among high school athletes and better arm those who engage with them to monitor the use of those who have been prescribed it, to screen for history of current drug use, depression, other kinds of things that can lead to addiction, and begin to educate not just those student athletes, but those who are in charge of those student athletes about the great concern of opioid abuse, which can lead to heroin addiction and, ultimately, death.

□ 2045

I'm grateful for the leadership of my colleague from New Hampshire and her counterpart across the aisle for their work in this important area. I urge my colleagues from both sides of the aisle to support the John Thomas Decker Act, and I know that all of us will be committed to doing everything we can to stay ahead of this very, very challenging issue for our Nation.

Mr. GUINTA. I thank the gentleman from Pennsylvania (Mr. MEEHAN) for his leadership on the John Thomas Decker Act and his work in fighting this addiction as well.

Again, I thank the gentleman very much.

Mr. Speaker, I yield to the gentleman from West Virginia (Mr. JENKINS).

Mr. JENKINS of West Virginia. Mr. Speaker, the United States is in the middle of a drug crisis that is ravaging urban and rural communities alike. We have seen the overdose rates skyrocket in the United States in recent years.

My home State of West Virginia sits atop the list, and I have seen firsthand the destruction that the disease of addiction has brought to our cities and towns.

But imagine for a moment actually starting your life in the throes of withdrawal. This is the tragic reality for thousands of newborns nationwide. During pregnancy, a baby is exposed to any drugs the mother takes. As soon as they are born, their bodies begin going through withdrawal from heroin, opioids, and other drugs. Not even babies are immune from the effects of this drug epidemic.

Until you see these babies going through withdrawal yourself, you cannot imagine their suffering. Their bodies shake with tremors. Their cries are heartbreaking. They are sensitive to noise, to light, and even to touch. No baby should have to go through withdrawal in their first hours, in their first days or weeks of his or her life.

We in the House are working together on this critical issue. We are passing much-needed legislation to create a path to recovery and a path to a healthy start in life for every child.

I am honored to have legislation included in this package of bills this week. The Nurturing and Supporting Healthy Babies Act will expand our knowledge of coverage and care for newborns with neonatal abstinence syndrome, or NAS, babies suffering from withdrawal after birth from the exposure during pregnancy.

The dramatic increase of NAS, the challenges to developing new models of care, and breaking down regulatory barriers are things I know all too well. I helped start Lily's Place in my hometown of Huntington, West Virginia, which treats NAS newborns in a stand-alone facility. The care given is complementary to the traditional hospital setting. Lily's Place offers clinical care by doctors and nurses, as well as social workers for families.

Hearing the cries of these newborns will forever change you. We owe it to each and every child to make sure they have a chance to start their lives healthy and happy.

I wish to thank Congressman GUINTA and Congresswoman KUSTER for their leadership on the Bipartisan Task Force to Combat the Heroin Epidemic. By working together, we can find solutions and build a brighter future.

Mr. GUINTA. I want to thank the gentleman from West Virginia for his leadership on the Nurturing and Supporting Healthy Babies Act. I look forward to voting this week in favor of the gentleman's legislation, and I appreciate the gentleman's compassion and passion for the issue.

Mr. Speaker, I yield to the gentleman from Georgia, Congressman CARTER.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for holding this Special Order to discuss such an important issue.

Mr. Speaker, as a lifelong pharmacist, I have experienced firsthand

the struggles that medical professionals and Americans face with prescription drug abuse. Many don't realize, but medical professionals are not immune to prescription drug abuse. I have had several colleagues in the pharmacy profession who have struggled with prescription drug abuse.

In addition, I was the cosponsor in the Georgia General Assembly when the Georgia Prescription Drug Monitoring Program was created. I believe that PDMPs are one of the most important tools in the fight against prescription drug abuse. As a pharmacist, I experienced several customers who would walk into my store with an out-of-State driver's license. As you can imagine, I was a little hesitant to fill a prescription of someone who has a Kentucky driver's license when my store is in south Georgia.

I believe the best way to address this issue is to work as a team. Physicians, nurses, pharmacists, and anyone else who is part of an individual's medical team has a role to play. We must work together if we want to win against this powerful epidemic.

In addition, community leaders, community service centers, and any other entity that is involved in community health has a role to play. We must all work together as a community to help people who are struggling with addiction.

I encourage all of my colleagues to get involved in this issue. It is one that will destroy your communities and its families from the inside out, and you won't know you have a problem until it is almost too big to fight.

Again, I want to thank the gentleman from New Hampshire for holding this Special Order. I hope we can continue to work together on this issue because this work will never be done.

Mr. GUINTA. Mr. Speaker, I want to thank the gentleman from Georgia for his leadership, and particularly for his expertise in the area of pharmacology. It is a critical component of understanding that we need to achieve based on the opioid crisis. I appreciate the gentleman's leadership and his ability to work with the Congress to make sure that we are finding and striving for solutions beyond opioids for prescriptions for pain in the country.

Mr. Speaker, I yield to the gentleman from California, Congressman KNIGHT.

Mr. KNIGHT. I want to thank Congresswoman KUSTER and Congressman GUINTA for taking a leadership role in this epidemic. This is something that has gone across the country. We have seen huge rises in the Northeast and across the Midwest, but this is something that is not immune from any one of our districts.

I, along with Representatives ESTY and COSTELLO, are sponsoring legislation to establish education programs for both consumer awareness and practitioner training to get at the root of most of these addictions.

As a police officer for 18 years with the LAPD, I have seen an awful lot of

drug addiction and drug addiction problems in our streets. We saw rock hit our streets many, many years ago, and that is still infiltrating many of our urban areas in America. Then we moved on to other drugs like meth and heroin.

Heroin was always one of those kind of taboo drugs, but today it is not. We have seen a lot of the kids that get addicted because they got a sports injury or they got some other issue and have gotten a prescription drug, and they have moved on from the oxys when they have run out of these opioids and they have moved on to heroin.

So it has not become a taboo drug. It has actually been a new drug that they can continue on their addiction; and they don't understand what it is doing to their body, and they don't understand the addictions that are hurting them and, in some instances, killing them.

We have seen heroin and fentanyl taking over our streets and not just moving from California to Maine, but absolutely taking over America and hurting our kids and killing our kids in record numbers.

My wife is also an NICU nurse. She has been an NICU nurse for about 20 years, and she has seen the effects of little babies that have come in and are now addicted to these drugs, and they are addicted to heroin. Seeing what this does to a baby that is born premature and now addicted to this drug makes your heart go out, but you also understand the problems that these babies are going to have probably for a very long time in their young lives.

If we don't do something, this will continue to ravage our kids, and it will continue to kill our kids on our streets. If Congressman GUINTA and Congresswoman KUSTER had not brought this forward, then somebody would have had to. But who? So I say I thank you to them both for doing this. I know it ravages your State of New Hampshire, but it also affects our States and our cities across the country. Without leadership, this would have continued to go on.

These bills that we are voting on will do something. They will have an effect. The local administrations have to have an effect. Our counties and our States have to have an effect or this will continue on.

So I say I thank you to the gentleman and the gentleman, and I encourage everyone to vote on these.

Mr. GUINTA. Mr. Speaker, I want to thank the gentleman from California (Mr. KNIGHT) for his service on the task force, his service for the last 18 years in uniform, and the gentleman's continued service here in the Congress. The gentleman's depth and understanding of the issue is critical to the passage of the legislation that we are bringing to the floor this week. I look forward to continuing our work with the gentleman, and I thank the gentleman.

Mr. Speaker, I now yield to the gentleman from our great State of New

Hampshire (Ms. KUSTER), my esteemed colleague, who is the co-chairman of the bipartisan task force.

Ms. KUSTER. I thank the gentleman, Mr. GUINTA, for his leadership and to everyone who participated tonight.

The idea behind a Special Order to put a face on this terrible heroin epidemic and addiction, generally, is to create compassion and empathy both among our colleagues and for those of you who may be watching at home. We need a societal change in the way we approach substance use disorder. We need to understand that this is a disease. I say at home, frequently, every time you hear the word "addict," think of the word "diabetic." We don't say to someone: We can't treat you because you have just eaten cake. Essentially, we say: That is a really hard disease for you to live with, and we want to help you.

That is the message that we want to convey tonight to families in New Hampshire and all across this country. We want to be a part of the solution, and that is going to include prevention, education, treatment, access to treatment, expanding access to treatment, and then lifelong recovery.

We know that the brain changes under the misuse of prescription drugs or opiates or heroin, and we need to have the patience to help people get through not just the treatment itself, but the recovery period. We need homes where people can live in a substance-free environment, and we need supports and mental health supports. We have learned that four out of five heroin users have a co-occurring mental health issue typically untreated and typically not getting any kind of help with that. So in a sense, what you have are people that are self-medicating.

We also know that four out of five heroin users are coming to this through prescription medication, so we need to reach out and work with our healthcare providers. I am very proud that both the American Medical Association and the American Hospital Association are supporting many of the bills that we have coming forward on the floor this week.

So this is the beginning. Our work is not done, but the message tonight is that Congress is coming together in a bipartisan way to tackle this head-on, to help these families, to help people get treatment, and to put an end to this terrible, terrible disease.

I thank the gentleman from New Hampshire.

Mr. GUINTA. I want to thank the gentleman, my colleague from our State of New Hampshire, where, unfortunately, last year, 430 people perished due to opioid abuse and addiction. That is 1 out of every 3,000 of our residents. It is a significant challenge in our State, in the Northeast, and New England, but all across the country. Almost 50,000 people, last year, died of this epidemic.

It is not just an epidemic, but an emergency, one that I believe this Congress is firmly standing strong in a bipartisan way to find solutions, to do our part at the Federal level to make sure that we have every opportunity not just to help those who seek treatment and recovery, but also to strengthen law enforcement, to focus on those individuals who are selling these drugs across the country, from California to New Hampshire, but also being proactive in prevention and in education.

We often speak of our friends and constituents in New Hampshire that continue to suffer, but we also talk about our children. I have a 12-year-old and an 11-year-old that I hope will live lives without and free from drugs. I want to make sure that every seventh- and eighth-grader in the State of New Hampshire understands the severity of the problem and understands that this is something that is deadly that we cannot even take once.

As you mentioned, the challenge of fentanyl, lacing a pill of heroin with as many as three small pieces of fentanyl the size of grains of sand can kill a person. Most people don't realize that. This is a deadly, deadly epidemic.

□ 2100

This week the House of Representatives takes up a whole host of bills. After the Senate passed their CARA Act 94-1, we have had four committees of jurisdiction work and try to improve that piece of legislation.

I look forward to sharing a very strong bipartisan vote this week on a whole host of bills, going to conference with the Senate, and getting this bill to the President's desk. It is a mark of bipartisanship and it is a mark of leadership, something that the country needs to see from this institution and from this city.

I want to thank all of my colleagues who participated in this Special Order tonight to kick off Heroin and Opioid Awareness Week. We have heard stories of success and difficulty come in equal measure from every corner of the country.

I commend the House for passing a comprehensive bipartisan bill for the relief of the vulnerable, the victimized, and distressed in my district, in your district, and throughout the Nation. Any measure we take to lighten even slightly the burden of suffering patients and families can make the difference between fatal despair and renewal.

The House is scheduled to take up several similar measures this week. It is my hope that, when combined, our efforts will begin to form a solution to this harrowing and tragic national crisis. We will continue to work for safe communities and effective evidence-based treatments.

But I want to end this evening on a favorable note. I want to share the story of my friend, Abi Lizotte, who the gentlewoman from New Hampshire,

Congresswoman KUSTER, knows all too well.

Abi Lizotte last year had been addicted to heroin for an extended period of time and had nowhere left to turn. Her family wouldn't help her. Her friends wouldn't help her. Even the people she bought drugs from wouldn't help her.

She was 8 months pregnant. She finally called a nurse, a nurse that had helped her earlier in the year, and asked for assistance. She went to the hospital and thankfully was able to see a physician. That physician told her that she was days away from dying while she was carrying her child.

Thankfully, through the grace of God and the help of people in New Hampshire, she was able to start the process of recovery. Today my friend Abi—and I am proud to call her my friend—has testified in front of our committee hearings in New Hampshire, has testified about the experience that she had and the loneliness and despair that she experienced. She is now 6 months clean with an 8-month-old son named Parker. It is a story of success.

She continues each and every day to strive for that success for others. She actually goes to schools in New Hampshire and speaks to kids about her experience in the hope that other people will not fall to the same experience she had over the last several years.

I count her as a friend, but I focus our work in her name, just as you focus your work in the name of Kriss Soterian's stepdaughter, Amber, because these are people we know. These are people that we don't just represent. They are people that we want to try to save.

I am very, very happy to see our leadership, the bipartisanship this week in the legislation that will come to this floor, and I pray that next year we don't see the same number of deaths, that we start to see a decline.

But, regardless, this is just the beginning of this process where we will continue to fight for every life, to fight for every person who is dealing with the disease of addiction, and will continue to work in a bipartisan way because people of our Nation deserve it.

I want to thank my colleague again, ANN KUSTER from New Hampshire, my co-chair of the bipartisan task force, for her leadership. I thank the speakers this evening. I look forward to a productive week and a productive year.

Mr. Speaker, I yield back the balance of my time.

ISSUES OF THE DAY

The SPEAKER pro tempore (Mr. WESTERMAN). Under the Speaker's announced policy of January 6, 2015, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, we are back in session and things have continued to proceed on. I appreciate so much my colleagues calling attention to this national disaster, really. Opioids are

being used at what seem to be unprecedented levels.

I know, since I have been here, there was basically a war against the use of methamphetamines. So we restricted law-abiding citizens' access to Sudafed, one decongestant that works on me and has since it was discovered.

We have had more drugs pouring across our southern border, according to what DEA agents and local law enforcement have been telling me in Texas and Border Patrol down at our border, DPS at our border. Drugs pouring in seem to have more purity and be more devastating to people that get hooked on them.

Obviously, we have had doctors and nurses. I have sentenced many professionals, a number of them at least, for crimes committed. And they are getting access to opioids, but it is a problem.

What concerns me, also, is that it appears this administration is saying: We will help you clean up the criminal justice inadequacies as long as you will pass bills that will get a lot of people, thousands and thousands of people, released from prison early.

We have seen from the figures that were provided to Senator JEFF SESSIONS, pursuant to his request, that, of all the people in Federal prison for possession of illegal substances, 77 percent of them are not citizens of the United States. That is 77 percent of those in Federal prison for possession are not U.S. citizens. So, obviously, this President has been giving illegal, unconstitutional amnesties out like they were water at a marathon.

Hopefully, the Supreme Court is once and for all going to assure that that stops. But it makes sense when you look at this as being an election year and the Democratic Governor of Virginia makes thousands of felons eligible to vote.

All they need is to get out of prison, and then this President wants thousands and thousands more released from prison. The old saying is true here in Washington: No matter how cynical you get, it is never enough to catch up.

We should do criminal justice reform. I have been pushing for it for the years I have been here, I guess for the last 8 years.

But if it is only going to get signed into law if it is combined with scrapping the sentences that were arrived at by judges agonizing over an appropriate sentence, then I hope and pray it will not happen until January of next year, when a new President is in office, so that it does not get linked.

I mean, the cynicism for an administration to say, "Yeah. We will do the criminal justice reform that is necessary, but only if you will allow us to release thousands and thousands from prison," which there is no question that people will be murdered, people will be robbed, people will be assaulted, shot, burglarized in crimes that never would have happened if the President hadn't pushed the early release of so many criminals.

I hope and pray that we will be the guardians here in the House of those American citizens that would be killed, robbed, burglarized, assaulted, if the President gets his way and releases people early. We can't allow that to happen if we are going to keep our oath to the American people.

We have heard so often in this room and, goodness, we have heard right here across the street in front of the Supreme Court people that claim to be illegally in this country.

The only reason I am saying claim to be illegally in this country is we have heard that all the people in this country are in the shadows and we need to bring them out of the shadows.

These people that were claiming to be illegally here protesting in front of the Supreme Court recently were not in the shadows. They were in full sunlight out in front of the United States Supreme Court and, in fact, blocking traffic there right in front of the Supreme Court building. Ultimately, the police just shut off the streets because so many people were in the streets.

This story from yesterday in the Washington Examiner is entitled "Cashing in: Illegal Immigrants get \$1,261 more welfare than American families."

The story says:

"Illegal immigrant households receive an average of \$5,692 in Federal welfare benefits every year, far more than the average 'native' American household, at \$4,431, according to a new report on the cost of immigration released Monday.

"The Center for Immigration Studies, in an analysis of federal cost figures, found that all immigrant-headed households—legal and illegal—receive an average of \$6,241 in welfare"—

I will point out parenthetically here that that is an average. Obviously, not everybody gets welfare that is here legally and illegally. Obviously, there are lots of households that don't get welfare. But this is an average.

And the article says:

—"41 percent more than native households. As with Americans receiving benefits such as food stamps and cash, much of the welfare to immigrants supplements their low wage jobs.

"The total cost is over \$103 billion in welfare benefits to households headed by immigrants. A majority, 51 percent, of immigrant households receive some type of welfare compared to 30 percent of native households, said the analysis of Census data."

I would like to insert, Mr. Speaker, when STEVE KING and I visited in London, England, with the Social Security office equivalent there, they pointed out that, in order to receive Social Security-type benefits in England, the law requires proof that you have been in the country for 5 years before you are eligible.

We were told—I didn't see them, but we were told that, in applying to come to the country or being in the country,

you had to agree not to apply for benefits for 5 years, the idea being, if they are just an immigrant magnet for people who want to come get welfare, they would go broke. That was their reasoning. And, actually, it is quite good reasoning.

□ 2115

As one of the leaders there in the office made clear, she said: "Look, we want to make sure that people coming into England are going to be contributors to our society and not just takers from our society."

I don't know if she has been successful. Apparently there are people who come in who are just takers there; but this idea is interesting. It puts to the test whether someone is just coming in to get welfare benefits one has never participated in, has helped pay for, or if one is coming in to help make America a better country.

Of course, some think: If I come to America and if they are paying me benefits, obviously, America is a better country because my getting welfare makes it a better country. But most of us would not necessarily agree with that. At least, I hope most would not.

But in seeing this figure that the total cost is over \$103 billion for welfare benefits to households that are headed by immigrants, possibly as much as anything else, it ought to indicate that our immigration policies and certainly this administration need dramatic changes. Perhaps it would be good to put a pause on immigration until we get this worked out because we are doing great damage to our country and we are doing great damage to other countries.

Anyway, this goes on to read: "Immigrants receiving the most, in the study of 2012 figures, come from Mexico and Central America. Their average annual taxpayer-funded welfare collection is \$8,251, 86 percent higher than the benefits received by native households, said the report."

Mr. Speaker, that is pretty staggering. These are, apparently, 2012 figures? Mexico and Central America? Immigrants from Mexico and Central America are receiving, on average, \$8,251 per year.

It is pretty clear. You don't have to be that great of a mathematician. I was good at math in junior high and in high school. In college, I only had to study for 15 minutes for the final to make an A in algebra. But you don't have to be good at math to know that no nation can sustain itself when it is giving people who are rushing into the country over \$8,000 without their ever contributing a dime to the ongoing of the country.

In any event, the article reads: "The new report follows another that found President Obama seeking \$17,613 for every new illegal minor, more than Social Security retirees get."

That is just mind-boggling. In the words of Bo Pilgrim, that is mind-boggling. It is \$17,613 that President

Obama sought to provide to every illegal immigrant minor—a person under 18. They have come into the country, breaking our law to get here. Yes, I have been there at all hours of the day and night on the border. No one comes across that border unaccompanied. You can't get across the Rio Grande, in the areas they were coming across, unaccompanied—4-year-old, 6-year-old, 8-year-old children as they stand there. I have seen them come up from the bank, and they are being helped. You see a woman helping this child, and the child is looking to her for answers, looking to her for instructions, looking to her for help. Then she gets up there, and she asks: Oh, is this your child?

Oh, no. I don't know her at all. She is not accompanied. Nobody is with her.

Yes, you are with her, and all of these other people are with her, but we call it unaccompanied.

Then, of course, the President wants \$17,613 for every new illegal immigrant who is under 18, which, as the article points out, is more than he would seek for Social Security retirees.

Again, from The Washington Examiner, it is talking about author Jason Richwine, who noted that illegal immigrants are barred from directly receiving welfare, but, instead, they get it via their legal children.

"Illegal immigrants are barred from directly accessing most, though not all, welfare programs, but they can receive welfare through their U.S.-born children. Legal immigrant households, which have greater eligibility for welfare, cost \$6,378, on average," he wrote.

"The average household"—again, this is just an average household—"headed by an immigrant, legal or illegal, costs taxpayers \$6,234 in Federal welfare benefits.

"The average immigrant household consumes 33 percent more cash welfare, 57 percent more food assistance, and 44 percent more Medicaid dollars than the average native household.

"At \$8,251, households headed by immigrants from Central America and Mexico have the highest welfare costs of any sending region.

"The greater consumption of welfare dollars of immigrants can be explained in large part by their lower level of education and larger number of children compared to natives. Over 24 percent of immigrant households are headed by a high school dropout compared to just 8 percent of native households. In addition, 13 percent of immigrant households have three or more children versus just 6 percent of native households."

So when you do the math, as some people actually have, our Nation is not long for the world unless we get on a lawful track. I have seen and had signs shoved in front of my face over in front of the Supreme Court that Jesus was an immigrant and that Jesus was a refugee. This thing I know from everything we have been taught, from everything that is in the Bible, is that Jesus was never an illegal immigrant. Jesus

made clear you render unto Caesar that which is Caesar's. You follow the law. He never broke the law nor advocated breaking the civilian law; though, those who crucified him clearly violated the law.

An article here from The Washington Free Beacon today, by Adam Kredo, reads: "Report: Homegrown violent extremists planting roots across U.S.; foiled ISIS attacks, plots, and terror funding grows across Nation."

"At least 75 homegrown violent extremists were found to be operating across the United States in 2015, with the largest portion of these individuals pledging allegiance to the ISIS terror group, according to recent figures published by New Jersey's Office of Homeland Security and Preparedness.

"The largest number of homegrown extremists were caught providing material support to various terror organizations, while at least 21 percent of the terrorists were found to be planning attacks in the United States, according to the figures.

"Another 10 percent successfully carried out terror attacks in California, New York, Tennessee, and Massachusetts, according to the data, which shows that the New York City area was home to the largest number of violent extremists."

That term "violent extremists" is so beloved by this administration so they don't have to use the term "radical Islamists" or "Islamic jihadists."

Yet, here is an article from Craig Bannister today: "Administration's Censorship of State Department Video Mirrors Deletion of Hollande's 'Islamist' Remark."

The article reads: "The State Department's censorship of an on-camera confession made by spokeswoman Jen Psaki appears identical to the recent censorship by the White House of video of French President Hollande speaking the words 'Islamist terrorism,' exposed by MRCTV.

"FOX News' James Rosen reported on Monday that the State Department edited out an on-camera admission by Psaki in 2013 that it is Obama administration's policy to lie to the American people, and that the Iran nuclear deal was 'a good example' of a time it did.

"The administration used the same censorship tactics earlier this year when it edited out audio of President Hollande calling 'Islamist terrorism' the root of terrorism today . . . The White House Web site has censored a video of French President Francois Hollande saying that "Islamist terrorism" is at the "roots of terrorism." The White House briefly pulled video of a press event on terrorism with President Obama, and when it reappeared on the whitehouse.gov Web site and YouTube, the audio of Hollande's translator goes silent, beginning with the words "Islamist terrorism," then begins again at the end of his sentence."

"The two censorships by the Obama administration follow the same pattern:

"A comment objectionable to the administration was edited out of the official video posted on a government Web site,

"The censorship was discovered and documented because the official government transcript had not been edited,

"The missing video was, somehow, found and restored to the version on the government Web site—after the censorship had been exposed, and

"The administration pleaded ignorance of the editing once it had been made public.

"Rosen's revelation begs a question posed to MRCTV multiple times since it broke the Hollande story:

"Is this an isolated incident, or are there other times the administration has edited out comments it doesn't want the American people to hear?"

Consistent with actions like preventing people from hearing the French President point out the truth that Islamic terrorism is at the root of all terrorism—most terrorism it certainly is—here is a front page magazine story: "Obama Frees USS Cole Bombing Terrorist. American lives don't matter," from Daniel Greenfield.

"On Thursday morning, sailors on board the USS Cole were lining up for an early lunch. Seventeen of them died as an al Qaeda bomb on board a fishing boat tore through the hull outside the gallery. The dead included 15 men and two women, one of whom had a young child. For 3 weeks, the crew of the USS Cole struggled to keep their ship from sinking while working waste deep in water with bucket brigades, sleeping on the deck, and living surrounded by the terrible aftermath of the terrorist attack.

"The survivors, wounded and whole, received the words 'Glory is the Reward of Valor,' written on the bent steel removed from the site of the explosion that tore through their ship and their lives.

□ 2130

"The President of the United States promised that justice would be done:

"To those who attacked them, we say: You will not find a safe harbor. We will find you and justice will prevail."

As the article says: "Despite Clinton's words, justice did not prevail."

The article goes on to point out all the injustice of what President Obama has done in freeing this bomber involved in the USS *Cole* bombing. He is a murderer of 17, wonderer of three dozen or so in an attack on a United States military ship.

The United States cannot long exist when this is the way we treat those who are trying to destroy us.

In a May 5 account in The Weekly Standard's story, "Obama's Foreign Policy Guru Boasts of How the Administration Lied to Sell the Iran Deal," it says:

"It's hardly any wonder that Deputy National Security Adviser Ben Rhodes has a 'mind meld' with his boss, the

President. According to a David Samuels New York Times Magazine article to be published Sunday and already posted to the Web site, Rhodes, like Barack Obama, is contemptuous of 'the American foreign-policy establishment.' What Obama calls the 'Washington playbook' dictating the sorts of responses available to American policymakers, Rhodes calls the 'Blob.'"

This article points out what is in the news right now, that the Obama administration—and I am being careful—that the Obama administration was responsible for a lie perpetrated against the American people. They claim they were dealing with moderates in Iran. They knew they were dealing with radicals, and Ben Rhodes is lying. He brags about all the lying they did to keep the Senate from standing up and having the courage to say this is a treaty. It is being done with radical Islamists in Iran. It hurts all our friends, helps our enemies. We will not allow that to happen. We are taking a vote on the Iran treaty as a treaty.

And then when they did, if the Democrats tried to block it, then this, more than anything else they have ever taken up, would be something they should say, as HARRY REID did, we may not have 60, but this is critical. We vote on the Iran treaty and vote it down.

So 51 votes sets aside cloture, and they drive forward. It doesn't get the two-thirds vote, and we stop the radicals in Iran from getting the hundreds of billions that will flow not just in 1 year, but over a period of time.

I met with Baloch people, Baloch leaders today. The southern part of Iran, southern southwest part of Pakistan, those are indigenous Baloch areas. The most productive oilfields of Iran are Baloch areas.

They have been so unfairly terrorized and mistreated. They know what terrorists the leaders of Iran are.

We have friends in those areas of Iran and Pakistan, and this administration chose to lie to the American people to get the Senate to do nothing to stop them. And people around the world will die as a result of the lies that Ben Rhodes has now admitted to.

God help us all.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HASTINGS (at the request of Ms. PELOSI) for today through May 13.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 546. An act to establish the Railroad Emergency Services Preparedness, Operational Needs, and Safety Evaluation (RESPONSE) Subcommittee under the Federal Emergency Management Agency's National

Advisory Council to provide recommendations on emergency responder training and resources relating to hazardous materials incidents involving railroads, and for other purposes; to the Committee on Transportation and Infrastructure.

BILLS PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on April 29, 2016, she presented to the President of the United States, for his approval, the following bills:

H.R. 2908. To adopt the bison as the national mammal of the United States.

H.R. 1493. To protect and preserve international cultural property at risk due to political instability, armed conflict, or natural or other disasters, and for other purposes.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 34 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, May 11, 2016, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5308. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: Contract Term Limit for Energy Savings Contracts (DFARS Case 2015-D018) [Docket No.: DARS-2015-0050] (RIN: 0750-A174) received May 5, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Armed Services.

5309. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: Multiyear Contract Requirements (DFARS Case 2015-D009) [Docket No.: DARS-2015-0067] (RIN: 0750-A180) received May 5, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Armed Services.

5310. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: Long-Haul Telecommunications (DFARS Case 2015-D023) [Docket No.: DARS-2015-0046] (RIN: 0750-A172) received May 5, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Armed Services.

5311. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: Disclosure to Litigation Support Contractors (DFARS Case 2012-D029) [Docket No.: DARS-2014-0017] (RIN: 0750-AH54) received May 5, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Armed Services.

5312. A letter from the Secretary, Department of the Treasury, transmitting the Department's report entitled "Audit of the Exchange Stabilization Fund's Fiscal Years 2015 and 2014 Financial Statements", pursuant to 31 U.S.C. 5302(c)(2); Jan. 30, 1934, ch. 6, Sec. 10 (as amended by Public Law 97-258, Sec. 5302(c)(2)); (96 Stat. 994); to the Committee on Financial Services.

5313. A letter from the Assistant Secretary for Administration and Management, Department of Labor, transmitting the Department's direct final rule — Department of Labor Implementation of OMB Guidance on Nonprocurement Debarment and Suspension (RIN: 1291-AA38) received May 5, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and the Workforce.

5314. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Office of Energy Efficiency and Renewable Energy, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Establishment of Procedures for Requests for Correction of Errors in Rules (RIN: 1904-AD63) received May 5, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5315. A letter from the Secretary, Department of the Treasury, transmitting a six-month periodic report on the national emergency with respect to the situation in or in relation to the Democratic Republic of the Congo that was declared in Executive Order 13413 of October 27, 2006, pursuant to 50 U.S.C. 1641(c); Public Law 94-412, Sec. 401(c); (90 Stat. 1257) and 50 U.S.C. 1703(c); Public Law 95-223, Sec. 204(c); (91 Stat. 1627); to the Committee on Foreign Affairs.

5316. A communication from the President of the United States, transmitting notification that the national emergency with respect to the Central African Republic, originally declared on May 12, 2014, by Executive Order 13667, is to continue in effect beyond May 12, 2016, pursuant to 50 U.S.C. 1622(d); Public Law 94-412, Sec. 202(d); (90 Stat. 1257) (H. Doc. No. 114-133); to the Committee on Foreign Affairs and ordered to be printed.

5317. A letter from the Assistant Legal Adviser, Office of Treaty Affairs, Department of State, transmitting a report concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act, pursuant to 1 U.S.C. 112b(d)(1); Public Law 92-403, Sec. 1; (86 Stat. 619); to the Committee on Foreign Affairs.

5318. A letter from the Chairman, Council of the District of Columbia, transmitting D.C. ACT 21-378, "Transportation Reorganization Amendment Act of 2016", pursuant to Public Law 93-198, Sec. 602(c)(1); (87 Stat. 814); to the Committee on Oversight and Government Reform.

5319. A letter from the Attorney-Advisor, Office of General Counsel, Federal Transit Administration, Department of Transportation, transmitting a notification of a Designation of acting officer, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

5320. A letter from the Chairman, National Credit Union Administration, transmitting the Inspector General's semiannual report for October 1, 2015, through May 31, 2016, pursuant to Sec. 5(b) of the Inspector General Act of 1978, as amended (Public Law 95-452); to the Committee on Oversight and Government Reform.

5321. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, Office of Protected Resources, Na-

tional Oceanic and Atmospheric Administration, transmitting the Administration's final rule — List of Fisheries for 2016 [Docket No.: 150306230-6303-02] (RIN: 0648-BE88) received May 5, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 3209. A bill to amend the Internal Revenue Code of 1986 to permit the disclosure of certain tax return information for the purpose of missing or exploited children investigations; with an amendment (Rept. 114-542). Referred to the Committee of the Whole House on the state of the Union.

Mr. GOODLATTE: Committee on the Judiciary. H.R. 2137. A bill to ensure Federal law enforcement officers remain able to ensure their own safety, and the safety of their families, during a covered furlough (Rept. 114-543). Referred to the Committee of the Whole House on the state of the Union.

Mr. GOODLATTE: Committee on the Judiciary. S. 125. An act to amend title I of the Omnibus Crime Control and Safe Streets Act of 1968 to extend the authorization of the Bulletproof Vest Partnership Grant Program through fiscal year 2020, and for other purposes (Rept. 114-544). Referred to the Committee of the Whole House on the state of the Union.

Mr. MILLER of Florida: Committee of Veterans' Affairs. H.R. 4590. A bill to authorize the Secretary of Veterans Affairs to carry out certain major medical facility projects for which appropriations are being made for fiscal year 2016, and for other purposes; with an amendment (Rept. 114-545). Referred to the Committee of the Whole House on the state of the Union.

Mr. MILLER of Florida: Committee on Veterans' Affairs. H.R. 4063. A bill to improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes; with an amendment (Rept. 114-546, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. GOODLATTE: Committee on the Judiciary. H.R. 4985. A bill to amend the Foreign Narcotics Kingpin designation Act to protect classified information in Federal court challenges (Rept. 114-547, Pt. 1). Ordered to be printed.

Mr. KLINE. Committee on Education and the Workforce. H.R. 4843. A bill to amend the Child Abuse Prevention and Treatment Act to require certain monitoring and oversight, and for other purposes; with an amendment (Rept. 114-548). Referred to the Committee of the Whole House on the state of the Union.

Mr. BISHOP of Utah: Committee on Natural Resources. H.R. 295. A bill to reauthorize the Historically Black Colleges and Universities Historic Preservation program; with an amendment (Rept. 114-549). Referred to the Committee of the Whole House on the state of the Union.

Mr. BISHOP of Utah: Committee on Natural Resources. H.R. 2009. A bill to provide for the conveyance of certain land inholdings owned by the United States to the Tucson Unified School District and to the Pascua Yaqui Tribe of Arizona; with an amendment (Rept. 114-550). Referred to the Committee of the Whole House on the state of the Union.

Mr. COLLINS of Georgia: Committee on Rules. House Resolution 720. Resolution providing for consideration of the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, and providing for consideration of the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of opioid abuse, and for other purposes (Rept. 114-551). Referred to the House Calendar.

Mr. UPTON: Committee on Energy and Commerce. H.R. 1818. A bill to amend the Public Health Service Act to provide grants to States to streamline State requirements and procedures for veterans with military emergency medical training to become civilian emergency medical technicians; with an amendment (Rept. 114-552). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 3680. A bill to provide for the Secretary of Health and Human Services to carry out a grant program for co-prescribing opioid overdose reversal drugs; with an amendment (Rept. 114-553). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 3691. A bill to amend the Public Health Service Act to reauthorize the residential treatment programs for pregnant and postpartum women and to establish a pilot program to provide grants to State substance abuse agencies to promote innovative service delivery models for such women; with an amendment (Rept. 114-554). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 4586. A bill to amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, and for other purposes; with an amendment (Rept. 114-555). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 4599. A bill to amend the Controlled Substances Act to permit certain partial fillings of prescriptions; with an amendment (Rept. 114-556). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 4976. A bill to require the Commissioner of Food and Drugs to seek recommendations from an advisory committee of the Food and Drug Administration before approval of certain new drugs that are opioids without abuse-deterrent properties, and for other purposes; (Rept. 114-557). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 4969. A bill to amend the Public Health Service Act to direct the Centers for Disease Control and Prevention to provide for informational materials to educate and prevent addiction in teenagers and adolescents who are injured playing youth sports and subsequently prescribed an opioid; with an amendment (Rept. 114-558). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 4978. A bill to require the Government Accountability Office to submit to Congress a report on neonatal abstinence syndrome (NAS) in the United States and its

treatment under Medicaid; with an amendment (Rept. 114-559). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 4982. A bill to direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States; with an amendment (Rept. 114-560). Referred to the Committee of the Whole House on the state of the Union.

Mr. UPTON: Committee on Energy and Commerce. H.R. 4981. A bill to amend the Controlled Substances Act to improve access to opioid use disorder treatment; with an amendment (Rept. 114-561, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, the Committee on Armed Services discharged from further consideration. H.R. 4063 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on the Judiciary discharged from further consideration. H.R. 4981 referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mrs. RADEWAGEN:

H.R. 5174. A bill to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to educational assistance, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. TAKANO:

H.R. 5175. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to disapprove, for purposes of the educational assistance programs of the Department of Veterans Affairs, programs of education determined to have utilized deceptive or misleading practices in violation of section 3696 of such title, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. TAKANO (for himself and Mrs. RADEWAGEN):

H.R. 5176. A bill to direct the Secretary of Labor to carry out a research program to evaluate the effectiveness of the Transition Assistance Program in addressing the needs of certain minority veterans; to the Committee on Armed Services.

By Mr. CURBELO of Florida (for himself and Mr. SIREs):

H.R. 5177. A bill to improve disaster mitigation programs, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. WENSTRUP (for himself, Mr. TAKANO, and Miss RICE of New York):

H.R. 5178. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide educational and vocational counseling for veterans on campuses of institutions of higher learning, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. AMASH:

H.R. 5179. A bill to limit the authority of personnel of the Department of Homeland Security to prohibit a citizen or permanent resident of the United States from boarding as a passenger on an aircraft or cruise ship based on inclusion of the individual in a watchlist, and for other purposes; to the Committee on Homeland Security.

By Mr. FLORES (for himself, Mr. WELCH, Mr. GOODLATTE, Mr. COSTA, Mr. WOMACK, and Mr. RICHMOND):
H.R. 5180. A bill to alleviate the ethanol blend wall under the renewable fuel program, and for other purposes; to the Committee on Energy and Commerce.

By Mr. KINZINGER of Illinois (for himself, Mr. TED LIEU of California, Mr. FITZPATRICK, Mr. LIPINSKI, Mr. LAMBORN, Mr. TAKAI, Mr. YOUNG of Indiana, Mr. CICILLINE, Ms. STEFANIK, Mr. QUIGLEY, Mr. GUTHRIE, and Mr. BRENDAN F. BOYLE of Pennsylvania):
H.R. 5181. A bill to counter foreign disinformation and propaganda, and for other purposes; to the Committee on Foreign Affairs.

By Mr. LONG (for himself and Mr. BEN RAY LUJAN of New Mexico):
H.R. 5182. A bill to promote the development of safe drugs for neonates; to the Committee on Energy and Commerce.

By Mr. MOULTON (for himself and Mr. KING of New York):
H.R. 5183. A bill to amend title II of the Social Security Act to eliminate the five month waiting period for disability insurance benefits for individuals with amyotrophic lateral sclerosis (ALS); to the Committee on Ways and Means.

By Mr. PAULSEN:
H.R. 5184. A bill to amend the Internal Revenue Code of 1986 to expand rules related to investment by nonresident aliens in domestic mutual funds and business development companies; to the Committee on Ways and Means.

By Mr. POE of Texas:
H.R. 5185. A bill to amend the Internal Revenue Code of 1986 to provide for disclosure for charity employees and board members previously implicated in terror finance; to the Committee on Ways and Means.

By Mr. POLIQUIN:
H.R. 5186. A bill to amend the Internal Revenue Code of 1986 to exclude employer contributions to 529 plans from gross income and employment taxes and to allow a deduction for individual contributions to such plans; to the Committee on Ways and Means.

By Mr. TIBERI (for himself and Mr. LARSON of Connecticut):
H.R. 5187. A bill to amend the Internal Revenue Code of 1986 to increase the alternative simplified credit for research expenses; to the Committee on Ways and Means.

By Mr. BISHOP of Utah:
H.J. Res. 92. A joint resolution proposing an amendment to the Constitution of the United States to give States the right to repeal Federal laws and regulations when ratified by the legislatures of two-thirds of the several States; to the Committee on the Judiciary.

By Mr. GOHMERT:
H.J. Res. 93. A joint resolution proposing a balanced budget amendment to the Constitution of the United States; to the Committee on the Judiciary.

By Mr. VEASEY (for himself, Mr. PETERS, Ms. NORTON, Mr. RANGEL, Ms. CLARKE of New York, and Mr. PAYNE):

H. Res. 719. A resolution expressing support for designation of May 2016 as "Health and Fitness Month"; to the Committee on Energy and Commerce.

By Mr. ISRAEL (for himself, Mr. RYAN of Ohio, and Mr. COURTNEY):

H. Res. 721. A resolution expressing support for the designation of May 8, 2016, through May 14, 2016, as Food Allergy Awareness Week; to the Committee on Energy and Commerce.

By Ms. NORTON (for herself, Mr. LYNCH, Mr. CUMMINGS, Mr. VAN HOLLEN, Mr. MEEKS, and Ms. JACKSON LEE):

H. Res. 722. A resolution expressing the sense of the House of Representatives supporting the Federal workforce; to the Committee on Oversight and Government Reform.

MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

217. The SPEAKER presented a memorial of the Legislature of the State of Tennessee, relative to House Joint Resolution No. 291, urging Congress to reform the federal requirements relative to high school graduation rates during the reauthorization of the Elementary and Secondary Education Act; which was referred to the Committee on Education and the Workforce.

218. Also, a memorial of the House of Representatives of the State of Florida, relative to House Resolution 1001, condemning the international Boycott, Divestment, and Sanctions (BDS) movement against the State of Israel and calls upon its governmental institutions to denounce hatred and discrimination whenever they appear; which was referred to the Committee on Foreign Affairs.

219. Also, a memorial of the House of Representatives of the State of Florida, relative to House Resolution 1001, condemning the international Boycott, Divestment, and Sanctions (BDS) movement against the State of Israel and calls upon its governmental institutions to denounce hatred and discrimination whenever they appear; which was referred to the Committee on Foreign Affairs.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mrs. RADEWAGEN:

H.R. 5174.

Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.

By Mr. TAKANO:

H.R. 5175.

Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the Constitution of the United States.

By Mr. TAKANO:

H.R. 5176.

Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the Constitution of the United States.

By Mr. CURBELO of Florida:

H.R. 5177.

Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 3: The Commerce Clause

By Mr. WENSTRUP:

H.R. 5178.

Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.

By Mr. AMASH:

H.R. 5179.

Congress has the power to enact this legislation pursuant to the following:
The Due Process Clause (“[N]or shall any person . . . be deprived of life, liberty, or property, without due process of law . . .”)

Article I, Section 8, Clause 18 (“The Congress shall have Power . . . To make all Laws which shall be necessary and proper for carrying into Execution . . . all other Powers vested by this Constitution in the Government of the United States or in any Department or Officer thereof.”)

By Mr. FLORES:

H.R. 5180.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3 of the Constitution of the United States.

By Mr. KINZINGER of Illinois:

H.R. 5181.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the Constitution of the United States

By Mr. LONG:

H.R. 5182.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18 of the Constitution, which states “To make all Laws which shall be necessary and proper in the Government of the United States or in any Department or Officer thereof.”

By Mr. MOULTON:

H.R. 5183.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1 of the Constitution.

By Mr. PAULSEN:

H.R. 5184.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Mr. POE of Texas:

H.R. 5185.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1

By Mr. POLIQUIN:

H.R. 5186.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 gives Congress the “Power to lay and collect Taxes, Duties, Imposts and Excises.”

By Mr. TIBERI:

H.R. 5187.

Congress has the power to enact this legislation pursuant to the following:

Article I Section 8

By Mr. BISHOP of Utah:

H.J. Res. 92.

Congress has the power to enact this legislation pursuant to the following:

Article V

By Mr. GOHMERT:

H.J. Res. 93.

Congress has the power to enact this legislation pursuant to the following:

This resolution is enacted pursuant to the powers conferred by the United States Constitution upon Congress by Article V, which provides that “The Congress, whenever two thirds of both Houses shall deem it necessary, shall propose Amendments to this Constitution . . . which shall be valid to all Intents and Purposes, as Part of this Constitution, when ratified by the Legislatures of three fourths of the several States . . .”

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 194: Mr. LATTA.

H.R. 213: Mr. STEWART.

H.R. 228: Mr. DUNCAN of Tennessee and Mr. BRENDAN F. BOYLE of Pennsylvania.

H.R. 239: Mr. BRADY of Pennsylvania.

H.R. 343: Mr. MEADOWS and Mr. MURPHY of Pennsylvania.

H.R. 353: Mr. EMMER of Minnesota.

H.R. 499: Mr. POE of Texas.

H.R. 546: Ms. GRAHAM.

H.R. 563: Mr. LEWIS and Ms. DELAURO.

H.R. 576: Ms. SLAUGHTER.

H.R. 605: Mr. SALMON.

H.R. 632: Mr. RANGEL, Mr. TAKAI, Mr. COURTNEY, Ms. PINGREE, Ms. DELAURO, and Mr. GUINTA.

H.R. 649: Mr. RUSH and Ms. MENG.

H.R. 711: Mr. KELLY of Pennsylvania.

H.R. 729: Mr. LANGEVIN.

H.R. 748: Mr. COSTELLO of Pennsylvania.

H.R. 756: Mr. TAKAI and Mr. MCGOVERN.

H.R. 799: Mr. GROTHMAN.

H.R. 842: Mr. RICHMOND.

H.R. 863: Mr. ROKITA.

H.R. 864: Mr. MEEHAN.

H.R. 865: Mr. PITTENGER.

H.R. 921: Mr. ZINKE, Mr. LANCE, Mr. SMITH of Missouri, Mr. HARRIS, and Mr. PITTENGER.

H.R. 923: Mr. COOK, Mr. GOHMERT, Mr. SMITH of Texas, Mr. CRAWFORD, Mr. LABRADOR, Mrs. WAGNER, Mr. THOMPSON of Pennsylvania, and Mr. MURPHY of Pennsylvania.

H.R. 973: Mrs. DINGELL, Mr. RUSH, Mr. DUNCAN of Tennessee, and Mr. ISRAEL.

H.R. 980: Mr. CRAWFORD and Mr. RUSSELL.

H.R. 1062: Mr. LAMALFA.

H.R. 1109: Mr. NOLAN.

H.R. 1111: Mr. McDERMOTT.

H.R. 1112: Mr. LOWENTHAL and Mr. MOULTON.

H.R. 1117: Mrs. KIRKPATRICK.

H.R. 1130: Mrs. MILLER of Michigan and Mr. BOUSTANY.

H.R. 1171: Mr. GIBBS.

H.R. 1197: Mr. FRANKS of Arizona and Mr. MEEHAN.

H.R. 1220: Mr. BYRNE, Mr. KILDEE, Mr. HILL, and Mr. ZELDIN.

H.R. 1221: Mr. DAVID SCOTT of Georgia, Mr. BUTTERFIELD, and Mr. PAYNE.

H.R. 1233: Mr. SENSENBRENNER, Mr. GUINTA, and Mr. PAULSEN.

H.R. 1310: Mr. ENGEL and Mr. TED LIEU of California.

H.R. 1312: Mr. SHUSTER, Mr. AGUILAR, and Mr. STIVERS.

H.R. 1336: Mr. COOPER.

H.R. 1397: Mr. PETERS.

H.R. 1398: Mr. RUSH, Ms. MICHELLE LUJAN GRISHAM of New Mexico, and Ms. ESHOO.

H.R. 1421: Ms. DUCKWORTH.

H.R. 1427: Mr. RICHMOND, Mr. COOK, and Mr. POSEY.

H.R. 1453: Mr. AL GREEN of Texas.

H.R. 1519: Mr. WALZ.

H.R. 1594: Mr. MULLIN.

H.R. 1655: Mr. WENSTRUP.

H.R. 1667: Mr. CHAFFETZ.

H.R. 1718: Mr. HILL, Mr. CRAMER, and Mr. GARAMENDI.

H.R. 1779: Mr. TED LIEU of California.

H.R. 1818: Mr. ROKITA, Mr. NEAL, Mrs. BROOKS of Indiana, Mrs. WAGNER, Mr. PAULSEN, and Mr. TURNER.

H.R. 1854: Mr. BEYER.

H.R. 1887: Mr. TED LIEU of California.

H.R. 1911: Mr. SANFORD, Mr. YODER, and Mr. LUETKEMEYER.

H.R. 1942: Mr. CROWLEY and Mr. GOWDY.

H.R. 1943: Mr. SABLAN, Ms. WASSERMAN SCHULTZ, and Mr. Cárdenas.

H.R. 1961: Mr. TAKANO.

H.R. 1969: Mr. NORCROSS.

H.R. 2016: Mr. DAVID SCOTT of Georgia.

H.R. 2067: Mr. BYRNE.

H.R. 2090: Ms. SCHAKOWSKY, Mr. GRAYSON, Mr. CARSON of Indiana, Mr. VISCLOSKY, and Mr. HIMES.

H.R. 2096: Ms. HAHN.

H.R. 2121: Mr. MURPHY of Pennsylvania.

H.R. 2123: Mr. LAHOOD.

H.R. 2132: Mr. POCAN and Mr. TAKAI.

- H.R. 2142: Mr. ZELDIN.
H.R. 2189: Mr. CÁRDENAS.
H.R. 2218: Mr. COOK, Mr. CONYERS, and Mr. KILMER.
H.R. 2221: Mr. RUSH.
H.R. 2254: Mr. RUSH, Ms. JUDY CHU of California, and Mr. LOEBSACK.
H.R. 2260: Mr. LYNCH and Mr. LOEBSACK.
H.R. 2290: Mr. BISHOP of Michigan.
H.R. 2293: Mr. GUTIÉRREZ and Mr. YOHO.
H.R. 2296: Mr. TAKAI and Mr. MCGOVERN.
H.R. 2309: Ms. DUCKWORTH.
H.R. 2315: Mr. CURBELO of Florida and Mr. PITTENGER.
H.R. 2350: Ms. MCCOLLUM and Mr. DENT.
H.R. 2450: Ms. JUDY CHU of California, Mr. CONYERS, and Ms. DEGETTE.
H.R. 2460: Mr. HARRIS and Mr. BOUSTANY.
H.R. 2526: Mr. RUSH.
H.R. 2654: Mr. AGUILAR.
H.R. 2658: Mr. MURPHY of Pennsylvania.
H.R. 2669: Mr. ZELDIN.
H.R. 2713: Mr. BRADY of Pennsylvania and Mr. AL GREEN of Texas.
H.R. 2726: Mr. PALAZZO, Mr. RANGEL, Mr. COURTNEY, and Mrs. LOWEY.
H.R. 2741: Ms. MOORE.
H.R. 2802: Mrs. WALORSKI.
H.R. 2811: Mr. AGUILAR and Ms. WILSON of Florida.
H.R. 2817: Mrs. NAPOLITANO, Mr. THOMPSON of Mississippi, and Mr. TED LIEU of California.
H.R. 2847: Ms. MCCOLLUM.
H.R. 2867: Mr. GRAYSON, Mr. RYAN of Ohio, and Mr. LOEBSACK.
H.R. 2883: Mrs. LOVE and Ms. DUCKWORTH.
H.R. 2903: Mr. HASTINGS, Mr. FATTAH, Mr. BRAT, Mrs. CAROLYN B. MALONEY of New York, Mr. THOMPSON of Pennsylvania, Mr. HULTGREN, and Ms. MATSUI.
H.R. 2966: Mr. REED.
H.R. 2976: Ms. DUCKWORTH.
H.R. 2980: Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. COSTA, and Mrs. BROOKS of Indiana.
H.R. 2992: Ms. LINDA T. SÁNCHEZ of California.
H.R. 3025: Mr. LOWENTHAL.
H.R. 3026: Mr. CALVERT.
H.R. 3054: Mr. GRAYSON.
H.R. 3099: Mr. MESSER, Ms. JENKINS of Kansas, and Ms. MOORE.
H.R. 3110: Mr. LARSON of Connecticut and Mr. PALLONE.
H.R. 3119: Ms. DEGETTE.
H.R. 3177: Mr. TED LIEU of California.
H.R. 3178: Mr. COFFMAN.
H.R. 3179: Mr. COFFMAN.
H.R. 3180: Mr. BOST, Mr. ZELDIN, and Mr. COFFMAN.
H.R. 3209: Mr. COSTELLO of Pennsylvania.
H.R. 3222: Mr. STIVERS, Mr. CHAFFETZ, Mr. WALKER, Mr. MOOLENAAR, and Mrs. BLACKBURN.
H.R. 3226: Mrs. LOWEY.
H.R. 3229: Mr. MEEHAN and Mr. SMITH of New Jersey.
H.R. 3235: Mr. BLUMENAUER, Mr. BRADY of Pennsylvania, and Mr. FOSTER.
H.R. 3286: Mr. HUNTER.
H.R. 3308: Mr. BEN RAY LUJÁN of New Mexico.
H.R. 3309: Mr. JONES.
H.R. 3380: Mr. PITTENGER, Mr. BUCHANAN, and Mr. ZELDIN.
H.R. 3381: Mr. RICHMOND, Ms. JENKINS of Kansas, Mr. NEAL, Mr. BRENDAN F. BOYLE of Pennsylvania, and Mr. ZELDIN.
H.R. 3514: Mr. SMITH of Washington, Mr. LARSON of Connecticut, Mr. HECK of Washington, Mr. HUFFMAN, Mr. VEASEY, Mr. HIMES, and Mr. CROWLEY.
H.R. 3632: Ms. SCHAKOWSKY and Mr. PAL-LONE.
H.R. 3666: Mrs. BEATTY.
H.R. 3680: Mr. SHUSTER and Ms. MCSALLY.
H.R. 3687: Ms. MOORE.
H.R. 3691: Mrs. NOEM, Mr. BRADY of Pennsylvania, Mr. KILMER, and Mr. TURNER.
H.R. 3713: Mr. LEVIN, Mr. DAVID SCOTT of Georgia, Mr. FOSTER, and Mrs. NAPOLITANO.
H.R. 3720: Ms. ESHOO.
H.R. 3722: Ms. STEFANIK.
H.R. 3765: Ms. SPEIER.
H.R. 3779: Mr. LOWENTHAL.
H.R. 3793: Ms. DUCKWORTH and Mr. AGUILAR.
H.R. 3799: Mr. MEADOWS, Mr. LAMBORN, Mr. WEBER of Texas, Mr. GOHMERT, and Mr. MULVANEY.
H.R. 3834: Mr. AL GREEN of Texas.
H.R. 3861: Mr. KATKO, Mr. HASTINGS, and Mr. VARGAS.
H.R. 3870: Mr. GUTIÉRREZ, Mrs. DINGELL, and Mr. LOEBSACK.
H.R. 3913: Ms. BONAMICI.
H.R. 3957: Ms. WILSON of Florida and Mr. GOSAR.
H.R. 3989: Mr. ROYCE.
H.R. 4006: Mr. MASSIE.
H.R. 4013: Mr. AL GREEN of Texas.
H.R. 4016: Mr. GRAVES of Missouri and Mr. ROSKAM.
H.R. 4062: Mr. RUSH, Mr. REED, and Mr. JONES.
H.R. 4073: Mr. PERLMUTTER.
H.R. 4160: Mr. TAKAI.
H.R. 4165: Mrs. BEATTY.
H.R. 4167: Mr. KING of Iowa.
H.R. 4172: Mr. NORCROSS.
H.R. 4223: Ms. ESHOO.
H.R. 4230: Mrs. LOWEY and Mr. NORCROSS.
H.R. 4236: Mr. RICHMOND.
H.R. 4247: Mr. SMITH of Missouri.
H.R. 4262: Mr. FLORES and Mrs. WALORSKI.
H.R. 4321: Mr. LAHOOD.
H.R. 4352: Mr. LAMBORN.
H.R. 4383: Mr. THOMPSON of Mississippi.
H.R. 4422: Mr. RUSH.
H.R. 4435: Mr. ENGEL.
H.R. 4447: Mr. DEFAZIO and Ms. FRANKEL of Florida.
H.R. 4448: Mr. WILLIAMS.
H.R. 4450: Mr. BLUMENAUER.
H.R. 4479: Mr. NORCROSS, Mr. HIMES, Ms. ESHOO, Mr. HECK of Washington, Ms. LORETTA SANCHEZ of California, Mr. AL GREEN of Texas, Mr. CLAY, Mr. BISHOP of Georgia, and Mrs. BEATTY.
H.R. 4488: Mr. SHERMAN, Ms. LEE, Mr. RANGEL, Ms. ESHOO, and Mr. VEASEY.
H.R. 4491: Mr. BERRA, Ms. TITUS, and Miss RICE of New York.
H.R. 4554: Mr. KATKO.
H.R. 4559: Mr. COLLINS of New York and Mrs. MCMORRIS RODGERS.
H.R. 4586: Mr. ROKITA, Mr. PAULSEN, Mr. TURNER, and Ms. MCSALLY.
H.R. 4599: Mr. TURNER and Ms. MCSALLY.
H.R. 4602: Mrs. NAPOLITANO and Mr. MEEHAN.
H.R. 4606: Mr. HASTINGS.
H.R. 4611: Mr. BEYER.
H.R. 4613: Ms. MCSALLY.
H.R. 4615: Mr. AGUILAR and Mr. DOGGETT.
H.R. 4623: Mr. AL GREEN of Texas.
H.R. 4625: Mr. NORCROSS and Mr. JONES.
H.R. 4640: Mrs. DINGELL, Mr. JOYCE, and Ms. STEFANIK.
H.R. 4653: Mr. SMITH of Washington, Mr. HASTINGS, Mr. BRADY of Pennsylvania, and Ms. BONAMICI.
H.R. 4656: Mr. RUSH.
H.R. 4662: Ms. SCHAKOWSKY and Mr. YOUNG of Alaska.
H.R. 4665: Mr. COSTA, Mr. ZINKE, Mrs. WALORSKI, and Ms. BONAMICI.
H.R. 4681: Mr. FOSTER, Ms. SLAUGHTER, and Mrs. DINGELL.
H.R. 4701: Mr. PETERSON and Mr. COLLINS of New York.
H.R. 4715: Mr. ROSKAM, Mr. LAHOOD, Mr. COOPER, Mr. MURPHY of Pennsylvania, Mr. ROONEY of Florida, and Mr. SMITH of Texas.
H.R. 4717: Mr. PITTS.
H.R. 4718: Ms. JENKINS of Kansas.
H.R. 4730: Mr. COFFMAN, Mrs. NOEM, and Mr. ROKITA.
H.R. 4732: Mr. KILMER.
H.R. 4740: Ms. JUDY CHU of California and Mrs. DINGELL.
H.R. 4764: Ms. KAPTUR and Mr. POSEY.
H.R. 4766: Mr. RATCLIFFE, Mr. RUSSELL, and Mr. BRIDENSTINE.
H.R. 4768: Mr. MCCAUL, Mr. LAMBORN, and Mr. POSEY.
H.R. 4773: Mr. AUSTIN SCOTT of Georgia, Mr. CHAFFETZ, Mr. ABRAHAM, Mrs. LOVE, Mr. SHUSTER, and Mrs. LUMMIS.
H.R. 4774: Mr. POCAN and Mr. KILMER.
H.R. 4792: Mr. TONKO and Ms. NORTON.
H.R. 4797: Mr. HUFFMAN.
H.R. 4806: Mr. HUFFMAN.
H.R. 4833: Mrs. KIRKPATRICK, Mr. HONDA, Ms. JACKSON LEE, Ms. LEE, and Mrs. NAPOLITANO.
H.R. 4843: Mr. WILSON of South Carolina, Mr. GUTHRIE, and Mr. TURNER.
H.R. 4856: Mr. SMITH of Texas, Mr. YOHO, and Mr. MULVANEY.
H.R. 4880: Mr. WILLIAMS and Mr. REICHERT.
H.R. 4893: Ms. MCCOLLUM, Mr. BOUSTANY, and Mr. MULVANEY.
H.R. 4904: Ms. KAPTUR and Mr. TAKANO.
H.R. 4924: Mr. MURPHY of Pennsylvania.
H.R. 4928: Mr. COOK, Mr. BOUSTANY, and Mr. ROKITA.
H.R. 4932: Ms. HAHN and Mrs. DINGELL.
H.R. 4942: Mr. THOMPSON of Pennsylvania.
H.R. 4956: Mr. EMMER of Minnesota and Mr. LUCAS.
H.R. 4958: Mr. CRAMER.
H.R. 4969: Mr. PAULSEN and Ms. MCSALLY.
H.R. 4978: Mr. ROKITA, Mr. KILMER, and Mr. TURNER.
H.R. 4980: Mr. STEWART, Mr. BRAT, and Mrs. BLACK.
H.R. 4982: Mr. KILMER and Mr. TURNER.
H.R. 4985: Mr. PITTENGER.
H.R. 4991: Mr. RUSH.
H.R. 4994: Mr. TAKANO.
H.R. 4999: Mrs. COMSTOCK.
H.R. 5001: Mr. MEEHAN.
H.R. 5015: Mr. HUNTER.
H.R. 5028: Mr. MOOLENAAR and Mr. BISHOP of Michigan.
H.R. 5031: Mr. DESANTIS.
H.R. 5047: Mr. CÁRDENAS.
H.R. 5063: Mr. HURT of Virginia, Mr. POSEY, Mr. GOWDY, Mr. POE of Texas, Mr. DESANTIS and Mr. FORBES.
H.R. 5073: Ms. BROWN of Florida and Mrs. LAWRENCE.
H.R. 5082: Mr. DELANEY, Mr. AGUILAR, Mr. STIVERS, and Mr. RENACCI.
H.R. 5113: Mr. BUTTERFIELD.
H.R. 5130: Ms. WASSERMAN SCHULTZ and Mr. BUTTERFIELD.
H.R. 5135: Mr. EMMER of Minnesota and Mr. MOONEY of West Virginia.
H.R. 5142: Mr. BENISHEK.
H.R. 5148: Ms. NORTON and Ms. LEE.
H.R. 5165: Mrs. DINGELL and Mr. BEN RAY LUJÁN of New Mexico.
H.R. 5166: Mr. RUSH, Mrs. LOVE, Mr. ROYCE, and Mrs. BLACK.
H.R. 5170: Mr. DOLD, Mr. LARSON of Connecticut, Mr. REED, Mr. BLUMENAUER, Mr. PAULSEN, Mr. MEEHAN, and Mrs. BLACK.
H. Con. Res. 19: Mr. DEFAZIO and Mr. KING of Iowa.
H. Con. Res. 40: Mr. CALVERT, Mr. FOSTER, Mr. KILMER, Mr. CICILLINE, Mr. JEFFRIES, Ms. KELLY of Illinois, Mr. HECK of Washington, and Mr. LEVIN.
H. Con. Res. 50: Mr. GUTHRIE.
H. Con. Res. 89: Mr. DUNCAN of South Carolina and Mr. LUCAS.
H. Con. Res. 100: Mrs. HARTZLER.
H. Con. Res. 128: Mr. FLEMING, Mr. MCCLINTOCK, and Mr. ROUZER.
H. Con. Res. 129: Mr. LAMBORN, Mr. WEBER of Texas, Mr. ZELDIN, Ms. WASSERMAN

SCHULTZ, Mr. CICILLINE, Ms. WILSON of Florida, Mr. BILIRAKIS, Mr. ENGEL, Mr. TED LIEU of California, Mr. JEFFRIES, Miss RICE of New York, Mr. BRENDAN F. BOYLE of Pennsylvania, Mrs. LOWEY, Mr. CURBELO of Florida, Mr. SIRES, Mr. SMITH of New Jersey, and Mr. CONYERS.

H. Res. 28: Mr. REED.

H. Res. 54: Mr. REED.

H. Res. 207: Mrs. DINGELL and Mr. RENACCI.

H. Res. 263: Mr. VARGAS.

H. Res. 318: Mr. COSTELLO of Pennsylvania.

H. Res. 551: Mr. VEASEY and Ms. LINDA T.

SÁNCHEZ of California.

H. Res. 569: Mr. CAPUANO.

H. Res. 591: Mr. YODER, Mr. AGUILAR, Mr.

LATTA, Mr. JENKINS of West Virginia, and

Mr. ADERHOLT.

H. Res. 605: Ms. ESTY.

H. Res. 647: Mr. HONDA.

H. Res. 650: Mrs. WATSON COLEMAN, Mr. CLAY, Mr. CONYERS, and Mr. MCGOVERN.

H. Res. 660: Mr. MOULTON, Ms. KAPTUR, and Mr. CICILLINE.

H. Res. 681: Mrs. DINGELL.

H. Res. 686: Ms. BASS, Mr. CAPUANO, and Ms. MOORE.

H. Res. 690: Mr. KEATING and Mr. CÁRDENAS.

H. Res. 691: Ms. JUDY CHU of California.

H. Res. 693: Mr. FLEMING and Mr. POSEY.

H. Res. 707: Mr. WALKER and Mr. RENACCI.

H. Res. 712: Mr. PETERS, Ms. MOORE, Mrs. DINGELL, and Mr. LOBIONDO.

H. Res. 716: Mr. KEATING, Mr. MEEHAN, Mr.

CICILLINE, Mr. PASCRELL, Mr. QUIGLEY, Mr.

LYNCH, Mr. MOULTON, Mr. WELCH, Mr. CAR-

NEY, Mr. TONKO, Mr. FITZPATRICK, Mr. COS-

TELLO of Pennsylvania, Mr. MURPHY of Penn-

sylvania, Mr. KILDEE, Ms. TSONGAS, Mr.

BRADY of Pennsylvania, and Ms. CLARK of Massachusetts.

PETITIONS, ETC.

Under clause 3 of rule XII,

60. The SPEAKER presented a petition of Mr. Gregory D. Watson, a citizen of Austin, TX, relative to urging Congress to enact legislation clarifying that, in the future, no change may be made in the design and appearance of U.S. coinage or paper currency without first being approved by both houses of Congress via the standard legislative process; which was referred to the Committee on Financial Services.