

I urge my colleagues on the other side of the aisle to support this legislation—to help families faced with losing their homes and losing everything, to help folks pick up the pieces and put their lives back together. To Americans across the country, call your Senator and ask them to support Dorothy, Ray, and Vera.

I yield back.

The PRESIDING OFFICER. The Senator from Massachusetts.

PRESCRIPTION OPIOID AND HEROIN EPIDEMIC AWARENESS WEEK

Mr. MARKEY. Mr. President, in recognition of Prescription Opioid and Heroin Epidemic Awareness Week, I am here to convey the urgency of responding to this crisis.

We are coming to the point of no return in this national discussion of opioid addiction. Between 2013 and 2015, the United States saw an increase of more than 8,000 percent in the amount of synthetic opioids such as fentanyl seized by U.S. Customs and Border Protection.

Wait; it gets worse. The Massachusetts State Police Crime Laboratory tells my office that from 2013 to 2015, the number of items seized by law enforcement that tested positive for fentanyl increased by 10,000 percent. We are watching as this category 5 hurricane is making landfall. Unless we do something to stop it, we will watch fentanyl lay waste to community after community all across the United States of America. Fentanyl is the Godzilla of opioids. It is stronger, it is deadly, and it is coming to every family in our country unless we do something now.

Between 2013 and 2014, more than 700 deaths in the United States were attributed to fentanyl and its components. That is for the whole country, but according to the Massachusetts Department of Public Health, as of last month, unintentional opioid overdose deaths in my State since January have skyrocketed. From January to the end of June, there were 488 confirmed cases of fentanyl overdose opioid deaths in my own State alone. There were only 700 deaths in the whole country from fentanyl between 2013 and 2014. Fentanyl has now been confirmed in two-thirds of all of the overdosed deaths in Massachusetts so far this year. It was 57 percent of the deaths last year in 2015 and now it is up to 66 percent of the deaths.

Many drug users overdose on fentanyl because they have no idea it is mixed into whatever substance they are injecting or whatever pills they are swallowing. They do not realize how deadly it is. It also poses a serious threat to the men and women who are first to respond to the scene of an overdose. If the powder is absorbed into the skin or accidentally inhaled, it can be deadly, making our first responders especially vulnerable to the drug's harm-

ful effects. Just last week, 11 members of a SWAT team fell ill after a bust in Connecticut where they encountered deadly fentanyl.

We know Mexico and China are the primary sources of illicit fentanyl and for the chemical building blocks from which it is made and then trafficked into the United States. The business model for those who manufacture and sell fentanyl is simple: fentanyl is cheaper, more potent, and more addictive than heroin.

We must make stopping the trafficking of fentanyl into the United States from Mexico and China one of our highest foreign policy priorities. We must elevate it up to what we are trying to put together as a plan to fight ISIS. We must put it up there with a plan to ensure that we protect our jobs from copyright or trade infringement. We must elevate this importation of fentanyl to the very highest level of foreign policy concern in our country.

I was pleased to see reports of recent cooperation between the United States and China in combating fentanyl trafficking, including a commitment by China to target U.S.-bound exports of substances controlled in the United States and an agreement to increase the exchange of law enforcement and scientific information that can lead to coordinated actions to control substances and chemicals of concern.

We are improving information sharing on heroin and fentanyl between our government and Mexico. Next month, Mexico, Canada, and the United States will meet for a North American drug dialogue and focus on commitments to develop a North American approach to combatting illicit opioids, including fentanyl and its precursor chemicals and analogs, but there is so much more we must do. Fentanyl is an overseas invader of a different kind, but it is equally deadly. We must continue to elevate the fight against fentanyl and make it one of our highest national and international priorities.

I have introduced a Senate resolution calling for cooperation to stop the trafficking of illicit fentanyl from overseas. It is a bipartisan resolution with the support of Senator RUBIO, and I thank my friend Senator SHAHEEN for cosponsoring this legislation as well. Our resolution expresses the sense of the Senate that the U.S. Government and the Governments of Mexico and China have a shared interest in and responsibility for stopping the trafficking of fentanyl into the United States, and all three countries should develop joint actions to attain that goal.

I urge my colleagues to cosponsor this resolution and to recognize the grave seriousness of the challenge illicit fentanyl poses to our country and to make stopping the trafficking of that drug into the United States a national priority.

Let's be clear. Stopping the over-prescription of opioid pain medication

that is fueling addiction to heroin and fentanyl and countless overdoses starts with the prescribers. We need to require anyone who prescribes opioid pain medication and other controlled substances to undergo mandatory training on safe prescribing practices and the identification of possible substance use disorders. We need to make sure people who enter the judicial system don't arbitrarily have their Medicaid coverage terminated, making it more difficult to access treatment once they are released and thereby fueling the vicious cycle of reincarceration.

We need to make sure all opioids approved by the Food and Drug Administration are first reviewed by independent experts to ensure that those drugs are not only safe and effective but also will not continue to fuel the epidemic of addiction in this country.

We need to make sure prescription drug monitoring programs are fully utilized and nationally interoperable in order to prevent doctor shopping, where one doctor doesn't know another doctor has already prescribed a medication or a person moves from one State to another State with multiple doctors prescribing the same prescription drugs. That must end.

We must let Big Pharma know their army of lobbyists will be matched by an army of advocates who work every day to raise awareness and save lives.

In Boston, there is an area of our city called the Methadone Mile. It is approximately 1 square mile. It is the location of methadone clinics, safety-net hospitals, and homeless shelters. It is also home to those struggling and receiving treatment for addiction and the litany of saints and angels who are providing the desperately needed services for those suffering from mental health and substance abuse disorders. It is a 1 mile, one-stop shop for hope and ground zero in the battle against addiction in Boston.

Here in Washington, we are at the epicenter of the Money Mile. It is both an area where Big Pharma's lobbyists toil with the task of ensuring that even during this storm of prescription drug, heroin, and fentanyl overdose deaths, the deluge of prescriptions for opioid-based painkillers goes unabated. According to a story that came out this week from the Associated Press and Center for Public Integrity, the pharmaceutical industry spent more than \$880 million nationwide on lobbying and campaign contributions from 2006 through 2015. That is more than eight times what even the NRA and the gun lobby recorded for activities during that time period. When pitted against the Money Mile, the Methadone Mile doesn't stand a chance. The Money Mile and its army of Big Pharma lobbyists are the reason mandatory prescriber education is not the law. It is the reason the Food and Drug Administration has been complicit in many instances in the worsening of this epidemic. Without real funding for opioid addiction treatment, the Methadone

Mile and all the other areas in cities across the country will continue to drown in overdoses and deaths. Our cities are fighting a war, and we need to help them.

Throughout Massachusetts, people are growing angrier and angrier by the day. They are frustrated by Congress's lack of response to this, and frankly so am I. The deaths caused by this epidemic are growing exponentially every single year, but the only thing that outpaces those deaths are the empty promises of funding made by this Congress. I believe history will judge this Congress by how we responded to the prescription drug, heroin, and fentanyl epidemic that is devastating this country. We have little more than 100 days left in this Congress to do the right thing—100 days to show the American people that partisan politics will not impede our responsibility to respond to what may ultimately become the greatest public health crisis of the 21st century in the United States.

The U.S. Congress has an opportunity to let all those who are struggling with addiction know we have heard their stories, help is on the way, and we will not forget them. We must let them know that no matter how dark life seems right now, there is hope, and sunlight will grace them once again. Treatment works, recovery is possible, but this Congress must provide the funding for that treatment and recovery. We must fund the \$1.1 billion the President is asking for the opioid crisis in our country. We can no longer turn a blind eye or a deaf ear to that request.

Families all across our country desperately need this help. There is a terrorist that is across the streets of every city and town in our country, and it is this opioid epidemic. It is a terrorist that is more deadly for those families in America than anything that is going on in Aleppo. It kills 30,000 people a year, and the numbers are growing on the streets of our country. We know what the cause of it is. We know more treatment is needed for those who are already affected. It is the responsibility of this Congress to provide that funding.

As we now talk about a continuing resolution, the Republicans still refuse to talk about funding for this opioid crisis. If we do not deal with this issue, we do not deal with the public health crisis on the streets of our country right now.

I urge every Member, regardless of party, to listen to the families of this country, listen to those who are suffering, need help, and are looking to us to give them the assistance they need. These family members are heroes, but heroes need help. They are turning to us, and so far we have not given them the help or the treatment and recovery programs they need.

At this point, I yield back the remainder of my time.

The PRESIDING OFFICER (Mr. CASIDY). The Senator from Florida.

Mr. RUBIO. Mr. President, I ask to be recognized to speak in morning business.

The PRESIDING OFFICER. The Senator is recognized.

ZIKA VIRUS FUNDING

Mr. RUBIO. Mr. President, first of all, as to the news that has already been reported today, there is a broader issue about funding the government that remains in play with some issues, and there has been back and forth about that which will continue. I want to specifically talk about one of the provisions involved in this; that is, the funding for Zika. My colleagues know I have been discussing this issue for quite some time over the last few months as it has spread.

Let's start with the United States. Across the U.S. territory, there are now close to 20,000 cases of Zika. There are over 3,300 infections in the mainland of the United States; 867 of them are in Florida and 90 were transmitted locally, meaning it happened in the State. There are 89 infections in Florida involving pregnant women. There are 85 infections now among U.S. servicemembers, two of whom are pregnant. There are 21 dependents of U.S. servicemembers infected with Zika, and one of them is pregnant. This is an issue that continues to grow in urgency, and it has taken far too long for Congress to act. As I have said repeatedly, both parties are to blame that we are at this point.

What I am more optimistic about is the fact that we have reached a bipartisan agreement to fund the Federal Government's response to this virus, and it is a \$1.1 billion package. There is \$15 million specifically targeted for States with local transmissions, and so far Florida is the only State that has local transmissions. It also includes \$16 million specifically for territories like the Island of Puerto Rico, which has had the highest number of affected American citizens, and that is by far. It is not even close.

So next week when we come back, we are expected to vote on these anti-Zika resources, and it is going to be part of the larger bill to fund the Federal Government beyond September 30. I know that some of those other issues have yet to be worked out. There will be some extensive debate about some of the issues remaining, but this provision is an important part of this, and it has to be a part of the final package as we send it over to the House.

I will begin by laying this out today in the hopes that not just my colleagues in the Senate will support the funding mechanism for Zika but also to begin to speak to some of our House colleagues about how important it is that we get the anti-Zika funding passed. Passing this funding will enable this money to begin to flow to help those who are being hurt by the virus but also so that medical researchers can focus on developing a vaccine with-

out having to worry about their resources drying up.

I think this package that has been put together in a bipartisan way rightfully prioritizes funding for Americans in Puerto Rico and Florida, and I am encouraged that our repeated calls for action on their behalf are beginning to be answered. I think that as we go through some of the details of it here, as some of it becomes public and as we go through some of the issues, I know people are going to care about it.

This anti-Zika funding provides \$1.1 billion. By the way, the Senate already passed the \$1.1 billion provision—I believe back in May—so the Senate has already acted on this once. This is kind of revisiting this issue, but it is important. We are going to have to lead the way on how this is structured.

Among the provisions, there is almost \$400 million for mosquito control and surveillance. That is money which will go to the Centers for Disease Control and Prevention and to do things like support vector controls, technical assistance for States, as well as international response activities. Of this amount, by the way, \$44 million is to reimburse States for public health emergency preparedness funding that was transferred for Zika response activities.

There is about \$400 million for vaccine and diagnostic development through the National Institutes of Health and the Biomedical Advanced Research and Development Authority. This is strictly related to research for Zika, vaccine development, and the commercialization of diagnostic tests. It is hard to get a test for Zika now. A couple of weeks ago, someone whom I know well could not find a place to do the test because there is not a commercially available one that is widely available.

It provides about \$75 million to reimburse health care providers in States and U.S. territories that have active Zika transmission, for those without private health insurance. That includes \$40 million for community health centers in Puerto Rico and U.S. territories, \$6 million for the National Health Services Corps in Puerto Rico, and \$20 million for maternal and child health special projects of regional and national significance in Puerto Rico and the U.S. territories.

It requires a spending plan of not later than 30 days after this act is passed, so it has oversight, and it provides about \$1 million for oversight activities just to make sure the money is being appropriately targeted.

This funding also includes about \$175 million to support response efforts related to the Zika virus—for example, our diplomatic and consular programs; \$14 million to address the Zika virus abroad, including our own personnel. For emergencies in the Diplomatic and Consular Service, we include about \$4 million to support potential costs of evacuating U.S. citizens from Zika-affected countries.