

many from getting the help they need. Nearly 90 percent of Americans suffering from opioid addiction, according to the most current analyses, are not receiving the treatment they need—90 percent. The treatment gap is caused by a shortage of available treatment services across the country, and even where these services do exist, they are overwhelmed by demand. This gap is straining rural communities that are already struggling to provide other essential medical services. Asking these communities to provide care when they are stretched in such incredibly thin ways forces them into impossible choices. The result is even more lives in America are lost to opioid addiction.

Earlier this year, after Congress passed legislation called CARA authorizing anti-addiction programs, Members did an awful lot of celebrating, an awful lot of victory laps, and fired off a forest of press releases, but that act didn't put a penny into these essential treatment programs. I just wanted to come to the floor because we are looking at another crucial time to help those suffering from addiction. The press releases don't do anything for people suffering from these horrible illnesses who might turn next to heroin, and when nearly 9 out of 10 addicted to opioids aren't getting treatment, clearly there is much more that needs to be done so it is critical in this lameduck session to follow through with funding.

I have been encouraged by several of the conversations that have taken place over the last few days about finding a path forward to ensuring there be real funds for treating opioid addiction, but I have seen some of these debates before, and I have been encouraged before only to see the chance for progress stall out. I would like to note that I believe there is a special reason right now to stand up for patients and make sure they have access to treatment, that they have what they need.

In the next few weeks, the Congress is going to consider another piece of legislation called the 21st Century Cures Act. This will be a bill designed to encourage research and scientific development of new pharmaceuticals, fast-tracking the development of pharmaceuticals.

I don't take a backseat to anyone when it comes to supporting innovation and scientific research. In fact, early in my Senate days, I chaired the Senate's Science Subcommittee so I know how important it is. At the same time, this piece of legislation will also offer a great benefit to the large pharmaceutical companies in America. The Congress will be considering the Cures bill with the backdrop of so many who are addicted to opioids not being able to get access to treatment, and they are going to be concerned about how there will be more research for new drugs because we want to see these cures. They are going to ask: How are we going to afford them? We want the cures, but we also want to be able to afford these medicines.

Every time we look at a football game, we see dozens of ads for blockbuster drugs, but Americans watch those ads and say: Yes, we want those cures, yes, we want the scientific progress, but please, Congress, think about policies that are going to allow us to get those drugs. It is no wonder a recent editorial pointed out it was cheaper to fly round trip to India for a hepatitis C treatment than to get it here in the United States. People see these bills piling up. If they are able to afford their medications today, they are saying: Are we going to lose access tomorrow?

To me, here is the bottom line for the fall. Here is the bottom line for where we ought to go. Yes, we should support medical breakthroughs and research into cures, but let us not keep the patients out of the debate. Let us make sure we add the funds needed for treatment for those who are addicted to opioids, and as we look at this issue of cures, let us also look at policies to make sure people can afford their medicines.

The Committee on Finance has been looking at these issues. For example, recently, I raised a serious objection when I learned a panel meant to be studying how to turn the tide on opioid addiction was stocked with people closely tied to opioid manufacturers. We blew the whistle on that and four nominees to the panel were dismissed.

We have a lot to do this fall. I know time is short, but, yes, let us promote these new cures; yes, let us make sure people who are addicted to opioids have new opportunities for treatment; and as we look at drug development, let us make sure we don't see so many Americans on the outside looking in as prices go up and up and up. There is more work to be done on both fronts: ensuring access to new science, ensuring access to treatment services, ensuring access to affordable medicines. That is what we ought to be focusing on this fall.

With that, I yield the floor.

#### CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

#### GOLD STAR FAMILIES VOICES ACT

Mr. BLUNT. Madam President, I ask that the Gold Star Families Voices Act be reported.

The PRESIDING OFFICER. Under the previous order, the Committee on Rules and Administration is discharged from and the Senate will proceed to the consideration of H.R. 4511, which the clerk will report.

The senior assistant legislative clerk read as follows:

A bill (H.R. 4511) to amend the Veterans' Oral History Project Act to allow the collection of video and audio recordings of biographical histories by immediate family members of members of the Armed Forces

who died as a result of their service during a period of war.

The PRESIDING OFFICER. Under the previous order, there will now be 30 minutes of debate equally divided in the usual form.

The Senator from Missouri.

#### OPIOID ABUSE

Mr. BLUNT. Madam President, I am pleased to be here to talk about this bill. First of all, following up on what my friend just talked about on opioid abuse, I want to particularly thank the Chair for her leadership on this issue. Really, as the chairman of the appropriating committee that looked at this before we had any legislation, it was largely the Chair's effort that made us triple the amount of money we were committing to this cause over a year ago. I thank her for understanding this and advocating for it as one of the two or three earliest Members to bring to the attention of the Senate that this is a problem that affects rural America, urban America, small States, and big States. I thank her for her leadership.

Because of that, last year we had a 284-percent increase in the money committed to that. We doubled that amount again this year. Assuming we are able to move forward with the Labor, Health and Human Services bill this year, it will be virtually a 600-percent increase. We are already halfway there, and that first half was largely because of the Presiding Officer's understanding of this issue, and I am grateful for that.

Madam President, on the bill before the body today, I ask my colleagues to join me in supporting the Gold Star Families Voices Act. The legislation passed the House unanimously in September. I hope the Senate will do the same today.

In 2000, Congress created the Veterans History Project at the Library of Congress. That project was designed to collect and catalog the stories of American war veterans. The purpose of the project was "to preserve the memories of this Nation's war veterans so that Americans of all current and future generations may hear directly from veterans and better appreciate the realities of war and the sacrifices made by those who served in uniform during wartime."

To date, the Veterans History Project has collected the oral history records of over 100,000 veterans who have served in the military since World War I—100,000 stories preserved that wouldn't have been otherwise.

As important and extensive as that project is, as important as those 100,000 memories are, today the project only includes firsthand narratives. Now, what does that mean? That means that only people who are telling their own story are included in the stories we have created and have been able to secure because of the Veterans History Project, which effectively excludes the stories of veterans who didn't return from the battlefield—the men and women who lost their lives defending