

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.

□ 1700

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