

Before I close, let's remember what he said: "We've had this trend going this way, away from the basic principles that established our government."

My friend from Iowa would do well to look at his own committee as it trends away from—again, the quote, "away from the basic principles that established our government." That is what the Senator from Iowa said at the Trump rally.

Even now, he and his committee are wasting millions in taxpayer dollars developing partisan opposition research on Secretary Clinton. It has been going on for many months, more than a year, including asking for maternity leave records for staffers and time sheets from her office—just basic staff people. For months, Senator GRASSLEY blocked the confirmation of vital State Department officials, even career Foreign Service officers who are here, so we could give them a raise after their valiant service all around the world. He held that up, and people couldn't understand it. It had nothing to do with Secretary Clinton. He did it as a way to weaken the Presidency of President Obama. What he has done is damage U.S. diplomacy worldwide.

Election day is more than 8 months away, but it is affecting nearly every action taken by the Grassley Judiciary Committee. There is much more at stake than Senator GRASSLEY's reputation. When the committee's independence is threatened by partisan politics, the future of this institution hangs in the balance, and when the Senate is undermined, our democracy is undermined. Future generations will suffer irreparably if the Senator from Iowa continues to do the bidding of the Republican leader and the Donald Trumps of the new Republican Party.

Senator GRASSLEY and I have worked together for three decades. I served a couple terms in the House. Then I came here. My seat was way back there. When I gave my maiden speech, my first speech, I talked about the Taxpayer Bill of Rights, an idea I had in the House and I couldn't get past first base.

Presiding in the Senate that day was Senator David Pryor from Arkansas, who was chairman of the subcommittee on the Internal Revenue Service. Senator GRASSLEY was also listening. They both contacted me. In fact, I received a note from Senator Pryor and a call from Senator GRASSLEY saying: I like that legislation. I will work to help you. And they did, and we got that passed. So I have nothing personal against Senator GRASSLEY. I like him. He helped me pass something that was landmark legislation as a brandnew freshman Senator, but today, as a U.S. Senator, I have a duty to speak when the Republican Senate refuses to follow its constitutional obligations to provide advice and consent on the President's Supreme Court nomination.

As a Senator, I have a duty to demand that the Judiciary Committee

considers important judicial nominees, especially—especially—someone to fill a vacancy on the Supreme Court. As Senate Judiciary chair, the senior Senator from Iowa has a job to do. I repeat, my criticism is not personal. It is professional and it is substantive.

The senior Senator from Iowa outlined that job himself when he assumed the chairmanship of the Judiciary Committee. When he took over as chairman, he promised Republicans would "restore the Senate to the deliberative body that the founders intended." Listen to that. That is what he said, to "restore the Senate to the deliberative body that the founders intended." That is a quote.

Another quote. He said he took the responsibility of "vetting of nominees for lifetime appointments to the federal judiciary very seriously."

The senior Senator from Iowa is failing this commitment that he made to himself. He made it. He made the commitment to "restore the Senate to the deliberative body that the founders intended." The Founders are the people who wrote the Constitution. He is the first chair of this important committee to take the unprecedented step of refusing to meet, conduct hearings or hold a vote on a Supreme Court nomination. He is following the Republican leader's call to refuse the President's nominee a meeting, a hearing or a vote. The senior Senator from Iowa, of all people, should know how important a vote is.

My friend has a lot of rollcall votes, 7,545 consecutive votes as of today, but what good are 7,500 consecutive votes if you simply sweep the votes you don't like to take under the rug? It taints this achievement. If he doesn't like President Obama's nominee, then he doesn't have to vote for the nominee, but don't run from a hard vote. Don't hide. What good is a chairmanship if it is just a rubberstamp for partisan politics? What good is a chairmanship if it is used to weaken the Senate and disrupt our Constitution's system of checks and balances? And that is what it does.

Last week the Des Moines Register published an open letter from one of Senator GRASSLEY's former employees. It was stunning. He worked in the Senate. This man's words capture what is at stake:

The institution of the Senate has managed to perform its constitutional obligations for well over 200 years. Every single nominee for the Supreme Court that has not withdrawn from consideration has received a vote within 125 days. Today, I feel nothing but shame for the fact that my senator, my former friend, will be bringing that unbroken history to an end.

That was the headline last week in the Des Moines Register, Iowa's largest newspaper.

I hope the chairman of the Judiciary Committee doesn't continue down this path. It will not benefit him, his committee, the Senate, the State of Iowa or this great country. Instead, he should follow the examples of his pred-

ecessors and give President Obama's Supreme Court nominee a meeting, a hearing, and a vote. He simply should do his job. If he doesn't, history will never forget this unprecedented misstep. History will never forget this misstep by Senator GRASSLEY.

I yield the floor.

Madam President, I ask the Chair to announce the business for the day.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will be in a period of morning business until 5 p.m., with Senators permitted to speak therein for up to 10 minutes each.

The Senator from West Virginia.

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mrs. CAPITO. Madam President, as we are all sadly aware, the United States is experiencing an epidemic of drug overdose deaths. The statistics are just startling. Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200-percent increase in overdose deaths attributed to the use of opioids.

West Virginia has the unfortunate distinction of leading the Nation in drug-related overdose deaths—more than twice the national average. As I travel across the State, I hear constantly about the devastation caused by this epidemic. West Virginia communities are grappling with the seriousness and pain of addiction. No family or community—mine included—is immune from this pain.

As one of my constituents put it, "We must give our young people a reason not to start using something that robs them of everything they have."

Other West Virginians have bravely shared their family's stories of addiction's pain with me. In the powerful words of one of my constituents, "It only takes a few seconds to use drugs—but a lifetime to fight."

Drug addiction is a disease that knows no boundaries, and West Virginia is certainly not alone in this fight. My colleagues in the Senate—including, I am sure, the Acting President pro tempore—return each week with similar stories. No matter our political party, we should all agree on one thing, we must act to change these horrifying statistics and to save lives.

Some steps have already been taken to address this drug epidemic. The appropriations bill we passed last December included funding to expand prevention efforts. It included improved data collection and new treatment services, training for our servicemembers who

are battling addiction, and training for the first responders who are responding to these drug overdoses.

Today we hope to begin debate on the Comprehensive Addiction and Recovery Act. I thank my colleagues Senator PORTMAN, Senator AYOTTE, and Senator WHITEHOUSE for their leadership on this important legislation.

This bipartisan bill, known as CARA, addresses the opioid epidemic by expanding prevention and education. It also promotes the resources needed for treatment and recovery. It includes reforms to help law enforcement respond to the drug epidemic, and it supports long-term recovery efforts—which, as we see in my State of West Virginia, we don't have enough treatment options, particularly in the long-term recovery area.

The legislation also expands the availability of naloxone, a lifesaving drug that helps to reverse the effects of an overdose, and we are also creating disposal sites for unwanted prescriptions.

CARA provides resources for treatment alternatives to incarceration, such as the successful and expanding drug court programs that operate in West Virginia and many other States. We just had a graduation the other day with some great success stories included in that from the drug court. According to the Beckley Register Herald, counties with drug courts have already seen cost savings and deep declines of recidivism rates among graduates.

CARA also provides a provision to improve treatment programs for pregnant women and mothers who have substance abuse disorder. Another startling statistic is the number of babies born with neonatal abstinence syndrome that has increased fivefold from the years 2000 to the year 2012.

Last fall, I introduced the Improving Treatment for Pregnant and Postpartum Women Act, with Senators AYOTTE, WHITEHOUSE, and KLOBUCHAR. The CARA act provides a provision that could play a critical role in preventing neonatal abstinence syndrome and getting treatment to pregnant women and new mothers.

Also, last fall I worked with Senator MARKEY and others to help restore drug take-back days and keep medications out of the wrong hands. We all probably have some medication in our own medicine chests that are no longer necessary and that we don't need to have. It might have been for a family member. It is time to clean out those medicine chests. I participated in last year's program in Charleston, WV, and was pleased to see the overwhelming response. CARA focuses on the programs that work and will streamline efforts across multiple Federal agencies.

In order to further address the needs of our communities, I am working on several bipartisan amendments on this bill. These amendments include solutions to improve prescribing practices

and prevent overprescribing. Too many stories of addiction start with patients taking painkillers after a minor surgery or a minor injury.

That is why I am pleased to be working with Senator GILLIBRAND on an effort that would require clear CDC guidelines for prescribing opioids for acute pain—a tooth extraction, maybe a broken arm, something that doesn't last forever, but the pain is acute in the beginning but fades rather quickly.

I also am pleased to be working with Senator WARREN on an amendment that allows doctors to partially fill certain opioid prescriptions. These will reduce the number of unused painkillers sitting in our medicine cabinets and help to prevent future cases of drug abuse and addiction.

In order to reduce the number of overdose deaths, I am working with Senator KAINE to allow doctors to co-prescribe the lifesaving drug naloxone when they prescribe an opioid. This would make naloxone more widely available in Federal health care settings, such as community health centers, VA clinics, and DOD facilities. I am also focused on tackling one of the saddest realities of this epidemic.

In my State of West Virginia, babies born exposed to opioids during pregnancy are approximately three times the national average. Every 25 minutes in this country a baby is born with addiction. Nationwide, this condition has increased fivefold from the years 2000 to 2012.

This amendment will provide clear guidelines to encourage the creation of residential pediatric recovery centers, like the wonderful Lily's Place in Huntington, WV. I am pleased to be working with Senator KING from Maine and Congressman EVAN JENKINS from West Virginia on this effort.

CARA represents a positive step forward in addressing the opioid crisis. The four amendments that I have outlined, I believe, will strengthen the bill. They would prevent addiction, promote recovery, and curb the scourge of drug addiction in my State and in others across this country. There is much work ahead for all of us in this area. The actions we are hopefully taking here this week in Washington are simply first steps.

This bill builds on the tireless work being done at the State and local levels by communities, law enforcement, and health professionals all across this country. They are working together. By working together, we can change these statistics and stop more tragedies from occurring—stop the human tragedy of losing a loved one, of losing a mother or father.

I urge my colleagues to begin debate on CARA this evening and to support this important legislation. I am concerned we are in jeopardy of losing the next generation. So we have much work to do.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

Mr. CORNYN. Madam President, as we have heard from the Senator from

West Virginia, this week the Senate will begin consideration of a bipartisan bill that targets an epidemic that is raging across the country, but apparently it is especially hard-hitting in places such as West Virginia, Ohio, Pennsylvania, and the like. But this abuse of prescription painkillers and heroin is not just isolated to those areas, even though the leaders of this particular legislation come from places such as Minnesota, Rhode Island, Ohio, and New Hampshire. Sadly, Texas has been no exception.

The Centers for Disease Control and Prevention found that in Texas opioid-related drug deaths have increased by 30 percent since 2002. Houston is widely recognized by the DEA and law enforcement officials as a key hub for the trafficking of illicit prescription drugs. In South Texas, right next to the U.S.-Mexico border, the transnational criminal organizations are exploiting our porous border to import increasingly large amounts of hard narcotics like heroin, which ultimately wreaks havoc in towns and cities across America.

In 2014 alone, drug cartels successfully smuggled more than 250,000 pounds of heroin across our borders and into the United States at a street value of approximately \$25 billion. These are the same criminals who traffic in human beings, including young girls and boys. These are the same people who traffic in illegal immigrants. These are the same people who traffic in illegal drugs. Indeed, this has become such big business and the network so large that these transnational criminal organizations are basically in on everything and anything that will make them money, including transporting these terrible drugs like heroin across the border.

As we all know and have heard, this epidemic destroys families, it increases the crime rate, and it robs millions of Americans of their future. As I mentioned a moment ago, thousands are dying every year. That is why the bill we are voting on this afternoon, called the Comprehensive Addiction and Recovery Act, is so important. It will help give families and law enforcement additional resources to beat drug addiction through proven treatment programs. I am proud to cosponsor the legislation.

The reason we have been able to move this bill forward so far—and it passed unanimously out of the Senate Judiciary Committee 2 weeks ago—is because it reflects bipartisan input as well as bipartisan concern with this epidemic.

As I mentioned earlier, I wish to particularly recognize the junior Senators from Rhode Island, New Hampshire, and Ohio—Senators WHITEHOUSE, PORTMAN, and AYOTTE—for their laserlike focus on this legislation and making sure that it is at the top of our list of things we need to do this legislative session. By highlighting how bad the problem is in our country and providing legislation to address it, they

are helping us attack this epidemic head-on.

I must say that while so far this legislation has moved forward on a strong bipartisan basis, there are some signals on the horizon that indicate some potential trouble. At a press conference after the Judiciary Committee unanimously passed the bill, several of our friends on the other side of the aisle were explicit. They said that if the Senate did not add hundreds of millions of dollars in duplicative funding, they might withhold their support.

This legislation is an authorization bill, and it does not appropriate funds. Our friends across the aisle know that if an appropriation is added to this legislation, particularly if it is duplicative, it causes a number of problems. First of all, a spending bill can't originate here in the Senate. So it raises a so-called blue-slip problem. But perhaps just as importantly, this is not an orderly process by which we determine what is actually needed and to make sure that we are appropriating money in a fiscally responsible sort of way.

I don't have to remind the Acting President pro tempore or anybody else who is listening that we have a \$19 trillion debt in our country, and recklessly throwing money at a problem rather than carefully targeting it in a fiscally responsible way is simply irresponsible.

It seems to be part of the message: Give us what we want or we might hijack a bipartisan bill that would literally save lives. I hope I am wrong, and I hope the signals on the horizon don't prove to ultimately be true. But it does seem like this is part of a new political strategy.

Earlier this month, we know that our Democrat colleagues blocked a bipartisan Energy bill from moving forward on an unrelated issue—something on which Senator MURKOWSKI has shown the patience of Job, trying to work through this process so we can get back on the Energy bill rather than having it hijacked by an extraneous subject that could well and should well be handled in a different way, certainly separately.

This is not the way the Senate gets anything accomplished. As I have said before, playing political games with important issues like fighting drug addiction is what lost our friends the majority in 2014. I urge the Democratic leadership to listen to those in their own caucus who have worked alongside Republicans in a responsible fashion to draft and put forward this bill that is so clearly needed in this country.

This afternoon I hope we will move forward on the Comprehensive Addiction and Recovery Act. I hope we will consider it and consider amendments that are being offered in good faith on both sides to try to improve the legislation. But what we should not do is allow anyone to hijack this important legislation for partisan purposes. I think we should restrain ourselves from any impulse to do so. It happened, unfortunately, on the bipartisan En-

ergy bill. It has been threatened on this legislation. But my hope is that cooler heads will prevail.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MANCHIN. Madam President, I rise today to speak in support of the Comprehensive Addiction and Recovery Act of 2015, also known as the CARA Act. Our country is facing a prescription drug epidemic, and today is a good step toward addressing this crisis. This is a crisis I have been dealing with since my days as Governor of the great State of West Virginia.

Opioid abuse is not only ravaging my State, it is ravaging the country. Drug overdose deaths have soared by more than 700 percent since 1999. We lost 600 West Virginians to opioids last year alone. But our State is not unique; every day in our country, 51 Americans die from opioid abuse, and since 1999 we have lost almost 200,000 Americans to prescription opioid abuse. Think about that. That is more people than we have in any city in the State of West Virginia.

This bill is an important first step. First of all, it will authorize \$77.9 million in grant funding for prevention and recovery efforts. It will expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent the abuse of opioids and heroin and to promote treatment and recovery. It will expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives. It will expand disposable sites for unwanted prescription medications to keep them out of the hands of our children and adolescents. It will launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country. It will also strengthen prescription drug monitoring programs to help States monitor and track prescription drug diversion.

While this bill is a good start and addresses critical problems, there is more that needs to be done. I will be offering several amendments to improve the bill by changing the FDA's mission, providing grants for consumer education, and requiring prescriber training.

I firmly believe we need cultural change at the FDA, and that is why I introduced Changing the Culture of the FDA Act. It simply does exactly what it says—it changes that culture. My amendment to CARA, based on the Changing the Culture of the FDA Act, would amend the FDA's mission state-

ment to include language that will require the agency to take into account the public health impact of the Nation's opioid epidemic when approving and regulating opioid medications and will hold the agency responsible for addressing the opioid epidemic. It is hard to believe that right now as all of these new drugs are coming to the market and all of these pharmaceutical manufacturers are producing this new product, basically the mission statement has never taken into account the impact of the opioid epidemic on the public's health in this Nation. Now that we see it is truly an epidemic, we think this is a much needed change, and hopefully it will be approved.

This builds on and solidifies the FDA's recently stated goal to fundamentally reexamine the risk-benefit calculations for opioids and ensures that the agency considers the wider public health effects. We need a change in the culture of the FDA, but we also need to make sure the advocacy groups that fight this battle every day are armed with the resources they need to stem this tide.

I am also submitting an amendment that will establish consumer education grants through the Substance Abuse and Mental Health Services Administration to raise awareness about the risk of opioid addiction and overdose.

This epidemic is one that needs to be fought on all fronts, but most importantly, we need to fight it on the frontlines with the prescribers, those people whom we trust to get the training they need. That is why I will also submit an amendment that will require that medical practitioners receive the needed training on the safe prescribing of opioids prior to renewing their DEA registration to prescribe controlled substances. If you talk to any of our medical physicians throughout the country, they get very little training as far as the effects of these drugs, and we think it is well past time that they get the needed education, as well as continuing education, so that we can keep ahead of the prescriptions they are putting on the markets and basically keep them from harming people every day.

According to the National Institutes of Health, in 2012, more than 250 million prescriptions were written in the United States for opioid painkillers. That equals one bottle of pain pills for every U.S. adult. Can you imagine one bottle of pain pills for every U.S. adult in this country? It is unbelievable. We are the most addictive Nation on Earth. Five percent of the population in the United States of America—there are 330 million of us and 700 billion humans on the planet Earth—consumes 80 percent of the opioids in the world. It is just unheard of.

Until we ensure that every prescriber has a strong understanding of safe opioid prescribing practices and the very great risk of opioid addiction, abuse, and overdose deaths, we will continue to see too many people prescribed too many of these dangerous

drugs which can lead them down a tragic path, and that is why we need to educate people.

There is one other subject I wanted to address, and I hope the FDA and this administration will look at it very seriously, and that is the professionals on advisory committees. When an opioid is coming to market, I believe and I believe a lot of Americans believe that this goes through a review process. These professionals basically are looking at this, and they make a recommendation as to whether this drug should be on the market, the need for this drug, and the effect this drug will have on people's lives. If they rule against this drug—and let's say they have an 11-to-2 ruling, such as Zohydro did—then the request for that drug to come to market should have to come before Congress. The FDA—the director and the staff—needs to basically come and explain to Congress why this potent drug needs to come on the market when basically their advisory committee and those people who are the professionals basically agree not to let it come to market.

This is a conversation that has to be had. We have to make sure we understand why we are putting all of these products on the market and the effect they are going to have on the public. That is another topic we hope to address also as this bill comes to the floor.

The bottom line is that I am pleased the Senate is working in a bipartisan manner. This is how we need to work to solve the major challenges our country faces. By working in a bipartisan way, we will have, as I understand, an open amendment process which is so needed and critical to move this legislation through. I appreciate that.

I believe my amendments will strengthen this bill, but I also believe more needs to be done. We must provide the critical resources needed to stem this tide. I look forward to working with my colleagues to strengthen this bill and to begin to address this crisis head-on.

This country has faced every crisis we have ever had, and we have overcome it. This is one we haven't attempted. For some reason, it is a silent killer—out of sight, out of mind. It will take all of us being Americans and basically using our faith that we have that we can fix these problems, to save Democrats, save Republicans, save Independents, and save everybody. This cannot be a partisan issue because I can tell my colleagues that opiates and the addiction of opiates have no partisan home. It is truly bipartisan. It attacks us all.

I appreciate my colleagues, and I look forward to working with them to work through this important piece of legislation.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

WOMEN'S RIGHT TO HEALTH CARE

Mr. BROWN. Madam President, this week the Supreme Court—which is lacking a ninth Justice for the foreseeable future for reasons that most of the American public doesn't understand since my fellow Senators—my Republican colleagues—simply refuse to do their job—will hear arguments on yet another case that threatens women's right to health care. The case the Supreme Court will hear on Wednesday—*Whole Women's Health v. Hellerstedt*—originated in Texas, but, as all Supreme Court cases do, this case has implications for the entire country. It is part of a sustained, coordinated attack on women's right to make personal, private health care decisions for themselves. It is Big Government reaching into women's homes and bedrooms, getting between the women and their health care providers, between the women and their religious counselors; it is reaching into women's homes, telling women that they no longer have the right to make personal, private health care decisions for themselves and to access safe and affordable care.

If the Court rules in favor of the Texas law, which has closed health clinics across the State—imagine that. You are a legislator taking an oath of office in Austin, TX, to do the best you can for your State, and you pass legislation that closes health clinics not for financial reasons but for ideological reasons. So if the Court rules in favor of this Texas law, which, as I said, closes health clinics across the State, it will set a dangerous precedent that could lead to more clinic closures across this country. My interest is especially Ohio. Ohio will be weakened by this too.

These clinics are often the only place women and men have to turn for their basic health services. Most of the health care women are getting at these clinics has nothing to do with abortions, but it is the kind of care that women need in these clinics. Millions of women rely on Planned Parenthood and other clinics like it for lifesaving screenings, for testing, for preventive care, and for treatment.

In Ohio, Planned Parenthood centers provide health care services to 100,000 men and women each year. Many of them have nowhere else to turn. Many of them are moderate-income women. Many of them are women working two jobs. Many of them go to Planned Parenthood because, first, it gives good care; second, it takes care of them in kind, decent, empathetic ways; and third, it is what they can afford. They either cannot afford health care elsewhere or they live too far away to have access to health care.

A new law in Ohio threatens that access. The bill was passed by the Ohio Legislature and signed by Governor Kasich—that is Governor Kasich of Presidential primary fame, Presidential Republican debate fame. The bill, which was signed by Governor Kasich a week ago, will strip Federal funding not only from Planned Parenthood—why they would want to do that is all about ideology and playing to their far-right political base—will strip Federal funding not only from Planned Parenthood but any health care facility that could be perceived as “promoting” safe and legal abortion. But these health care clinics are mostly not about abortion; they are about providing health care to women—mostly to women. This includes health clinics that simply work with other providers to refer women to other facilities so that women can make decisions that should be between them and their doctors.

Now, I repeat, so many of my colleagues love to talk about Big Government, but when Big Government—mostly a bunch of privileged—if I may, privileged, White men on the other side of the aisle, mostly—when they want to inject themselves between women and their doctors, between women and their families, between women and their religious counselors, it strikes me as—let's just say hypocritical.

We are talking about a rule that is far, far more sweeping than just defunding—that is what they like to say, “defunding”—Planned Parenthood.

If you are watching the Republican debates week after week, even when they sound like food fights, which it did last week—when you are watching these debates, you can see that whenever one of these White, privileged men—candidates running for President and one other privileged African-American man running for President on the Republican side—whenever they say “defund Planned Parenthood,” the crowd goes wild. They play to that base to defund Planned Parenthood, that base that for whatever reason, with their ideological agenda, doesn't seem to care much about women's health.

Let's be clear. This isn't about defunding abortion. The Federal Government doesn't provide funding for abortion, period. I will say that again. The Federal Government does not provide funding for abortion, period.

Health officials in Ohio—health officials that play it straight, which is 99-point-something percent of providers—real doctors, real health providers, real health care officials are scared that the new law could take funding away from local health departments, if we can imagine that. The director of public health policy in Columbus—the State's capital—told the Columbus Dispatch that the law would have a “significant impact” on their department's ability to coordinate with hospitals and insurance companies.