

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business for 1 hour, equally divided, with Senators permitted to speak therein.

Mr. REID. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER OF PROCEDURE

Mr. REID. Mr. President, I ask unanimous consent that the time of the Republicans and the Democrats be preserved. No one is here, but we should preserve that time.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. I think the order already is that the time will be equally divided. If that is not the case, I ask that that be the case.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. FLAKE). Without objection, it is so ordered.

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. PORTMAN. Mr. President, on March 10, this body, the U.S. Senate, passed legislation to address what is a growing problem in all of our communities, and that is the heroin and prescription drug epidemic.

On March 10, this body voted for a comprehensive bill called CARA, the Comprehensive Addiction and Recovery Act. It deals with prevention, treatment, and recovery, helping our law enforcement, getting prescription drugs off the shelves of our bathrooms so they are not being used to get people into this addiction, and helping to stop the overprescribing with a drug monitoring program. This was a comprehensive approach intended to help our communities deal with this growing problem. The No. 1 cause of death now in my home State of Ohio is not car accidents anymore, it is overdoses. It is overdoses from prescription drugs and heroin.

Since March 10, I have come to the floor four times—this is now the fifth time—every week we have been in session since then, to urge the House to act quickly on CARA, because with a 94-to-1 vote, with that kind of consensus built around this place, which is

highly unusual, it shows that this is a problem in all of our communities and all of our States. We spent 3 years putting together the legislation. We worked with experts from all around the country. We sought out best practices. This is not just a matter of throwing more money at a problem, this is a matter of taking the resources in Washington, spending them more wisely and targeting them toward what we know works—toward evidence-based programs, prevention, treatment, and recovery that has actually shown promise to be able to begin to turn the tide on this horrible epidemic.

The House has begun to act, and I am encouraged by that. Obviously, I wish they had taken up CARA right away and sent it to the President. I think it would have been already helping in our communities in significant ways.

During the time between when the Senate acted, March 10 to now, we have lost 7,400 Americans to drug overdoses. We lose a fellow citizen every 12 minutes on average, but the House is moving, and yesterday the House passed, legislation in the form of over a dozen different bills, smaller bills that will help with regard to this problem that I think are steps in the right direction.

Today they are planning to take up a more comprehensive bill, the CARA legislation, that has also been reported out of the Judiciary Committee—as it was in this body—and perhaps a couple other bills as well. I am told that vote is likely to occur today, and that is great. I am concerned the legislation that passed in the House still leaves some gaps, and those gaps are in some significant areas. I am hopeful some amendments will be adopted today to help fill some of those gaps so we can indeed have a comprehensive approach to this issue.

Sadly, this issue is not getting better; it is getting worse. The U.S. Drug Enforcement Administration just last week conducted their National Drug Prescription Take-Back Day, where you take drugs off the shelf and put them into a disposal unit to get rid of them so that your kid or grandkid or somebody visiting your home doesn't get these prescription drugs and misuse them. They had a record number of drugs turned in, 893,000 pounds of unwanted medicine; that is, 447 tons of prescription drugs that were not needed. I am grateful for those who participated in the take-back program. This is good news, to get these drugs off the shelves and be sure they are not being misused, but unfortunately that is just the tip of the iceberg, and it shows the severity of this problem.

We have continued to see communities throughout my State and throughout the country being torn apart by this issue and families who are being devastated. Last week, a man pled guilty to involuntary manslaughter in Columbus, OH, because his infant son had ingested fentanyl-laced heroin and died. Last week, we also saw the arrest of three people who

drove to Steubenville, OH, to buy heroin, and then while driving they used it in the car with a 4-year-old with them. This all happened in the last week. Last week, a 23-year-old pregnant woman and her unborn child were found dead of an apparent overdose in New Carlisle, OH. Yesterday, an Akron man pled guilty to selling heroin to his uncle who subsequently died of an overdose. In Cleveland, we have lost 148 people to drug overdoses in just the first quarter of this year. That is double—double—last year's rate in Cleveland, OH—one town in one State.

By the way, the plurality of these deaths is that a majority were from fentanyl—fentanyl often laced with heroin. Fentanyl is a synthetic heroin that is about 50 times more dangerous. It is a growing problem in my State of Ohio.

Unfortunately, these headlines are just the tip of the iceberg. We see this death toll rising, and it is tragic, but we also need to focus on the wounded, not just those who overdose but those who, because they have this addiction, have lost their job, cannot get their lives back together, are separated from their families. As one recovering addict told me: The drug was everything. I abandoned my kids, my wife.

These are also people who are ending up in our jail system. Prosecutors back home tell me the majority of the crime—one county prosecutor told me a couple of weeks ago, 80 percent is being committed because of this issue—so theft, stealing in order to pay for a habit, and ending up in the prison system. All of us are paying for that of course.

Everywhere I go in Ohio, people tell me about how this epidemic is affecting them. I had a townhall meeting the week before last, a tele-townhall with 25,000 people on a phone call. We do these once a month. A gentleman called in and he wanted to talk about the CARA legislation. He seemed to know a lot about it. He focused on the treatment part of it. His voice had a quiver.

So I asked him: Would you mind sharing? You are on the line with a lot of people, but would you mind sharing why you are so interested in this issue? Again, he was focused a lot on the treatment side, and there was silence on the line. I knew what he was going to say.

When he came to the point where he could speak, he said: I lost my daughter. Then he proceeded to tell the story. It was of a child who had started with prescription drugs, ended up with heroin, had committed some crimes—probably theft—ended up in and out of prison. She had finally come to the point where she was willing to face up to her addiction. She was ready to go into treatment to start long-term recovery. She had committed this to her parents. He said they took her to the treatment center. There was a 14-day wait. They pleaded: Can she get in someplace else? No; no room at the inn

and a 14-day wait. During those 14 days is of course when she overdosed on heroin.

His point was very simple: You guys need to do more to help provide access to treatment and the right kind of treatment. That is what this legislation does.

Last Tuesday, I spoke at an opiate conference, the Ohio Association of County Behavioral Health Authority's annual meeting, with record attendance this year of over 1,000 people. I heard from doctors, nurses, counselors, social workers, attorneys, law enforcement, all saying the same thing to me, which is: ROB, this problem is not getting better. It is getting worse.

Washington does have a role to play, to be a better partner with State and local government and with the non-profits that are in the trenches dealing with this issue every day. The Kaiser Family Foundation last week released a survey that showed that 44 percent of the public knew someone who struggled with addiction to opioids. Of those 44 percent, one in five said it was a family member; one in five said it was a close friend; one in five said it was an acquaintance; two-thirds overall said they want the State government and the Federal Government to do more about this addiction epidemic. Of course they do. People are desperate to figure out how to get at this issue.

Again, our approach is evidence-based. It is based on the testimony of the experts around the country. It is based on best practices, what is working what is not working. Is Washington going to solve this problem? No, but we are part of the solution. It is going to be solved in our communities and in our families. We can turn this tide. We have in the past. We can do it again. The question is whether we are serious about it and whether we can move this legislation through the House, through the Senate, get it to the President, and get it working in our communities.

In countless parts of Ohio, at the State and local level, people are taking action. I am encouraged by that and I applaud them for it. In my hometown of Cincinnati, the police force at the University of Cincinnati is now carrying Narcan and getting training to know how to use it. By the way, that is in this legislation to provide training to ensure people aren't just getting the naloxone, that they know how to use it. This is a miracle drug called Narcan—naloxone—so that when someone has overdosed, they will be able to bring them back.

I have been in drug treatment centers all over my State, and I have heard the testimony, including a man who told me: I died. I faced my own death. I saw my father in Heaven. I was gone. Narcan brought me back to life. That is why I am in this treatment center, because that is how I hit rock bottom.

So it is important, but the training needs to include, as you are giving people Narcan to use for their loved ones,

giving it to the police officer to use when they are responding or a firefighter—I would tell you that if you go to most of our firehouses around the country, you will find there are more runs for heroin and prescription drug overdoses than there are for fires. That is true in my State, and it is probably true in yours. But if you are providing Narcan to somebody, you need to give them the ability to tell these people: Here is the treatment center. It is not enough just to save a life from a tragic occurrence like an overdose; we also have to figure out how not to be—as some firefighters and police officers told me—saving that life again and again but instead getting these people into the right treatment and recovery programs so they cannot just have their lives saved but begin to lead full and productive lives.

I am very encouraged by something that happened yesterday. Stephen Stack, the president of the American Medical Association, issued a public letter to physicians. I think this is a major step forward. I don't know Stephen Stack, but I read his letter very carefully because I think he is putting his finger on something that the medical profession has been slow to realize. His letter said this:

[F]ar too often, [opiate addiction] has started from a prescription pad. . . . I call on all physicians to . . . avoid initiating opioids for new patients with chronic non-cancer pain . . . limit the amount of opioids prescribed for post-operative care . . . register and use your state prescription drug monitoring program . . . [and] reduce stigma to enable effective and compassionate care.

That is a step in the right direction. I hope every physician in the country gets a copy of this letter.

We have incredibly compassionate, caring physicians out there, but we need to face the facts. There has been overprescribing, and that is part of the issue. Four of the five people in my State of Ohio who will die from heroin overdoses over this next month will have started with prescription drugs. There is a link here. We need to face it, and the medical profession needs to face it. In the Senate, we have taken action. A 94-to-1 vote is not the typical way things happen around here, as you know. That is highly unusual. That shows the seriousness of this issue.

One of the things I am concerned about in the alternative to CARA that is being voted on in the House today is that it omits some of the key pillars, including a drug take-back program, which I think is important, and prescription drug monitoring programs.

What we have in our legislation is very simple. It gives incentive grants to States to set up prescription drug monitoring programs. Most States have them already, but to have them so they work with other States, we need interoperability between the States.

My own State of Ohio borders many other States, and what they tell me is this: We can have this prescription drug monitoring program for Ohio, but

if someone goes to Kentucky, West Virginia, Pennsylvania, Michigan, or Indiana, we don't know. And if this is in our legislation, that would help. We hope that is added to the House bill.

Prevention, recovery support services—I hope those are being adopted in the House as amendments. If they are not, we are going to work hard to get those included in conference. We are not going to send a bill to the President that is not comprehensive.

With regard to prevention, there are some provisions that were omitted from the House alternative, including a national awareness program to let people know what is going on with prescription drugs. That connection we talked about a moment ago is incredibly important. It will save lives. It will bring people's lives back on track. It will avoid the situation where somebody goes to get his or her wisdom teeth pulled, they are given narcotic pain pills, they end up getting addicted and then move to heroin as a cheaper alternative, and sadly, in some cases—including a father who testified before a congressional committee in Ohio a week ago Friday—die of an overdose. That is what is happening.

Prevention is important. The prevention grants we have are important. They are the most effective way to fight back against this epidemic, in many respects. If we can keep people from getting into the funnel of addiction in the first place, think of the lives that can be saved, the families that can be kept together rather than torn apart, the communities that will not be devastated by this spike in crime.

Think of the impact on our economy and people not going to work. They say there is a \$700 billion economic impact based on addiction.

It is the faces of addiction we care about the most. Think about Marin Riggs from Pickerington, OH. She was a high school student. She was about to graduate. She was very smart. She had good grades. She was a star athlete. She was popular, full of life. It seemed like she had it all. She made a mistake; she tried heroin with her boyfriend. She became addicted. Something changed physiologically in her brain to give her this disease. It is a disease. Her parents started missing money from their wallets. Charges started showing up on her dad's credit card. She tried to quit. She went into rehab. She wrote in her journal that she was heroin's "worst enemy." She was going to beat this thing. But she relapsed. The grip of this addiction is horrible. Her brother found her dead of a heroin overdose 2 weeks after her 20th birthday.

This can happen to any family anywhere. It knows no ZIP Code. It is not an inner-city problem. It is not a suburban problem. It is not a rural problem. It is everywhere. Addiction doesn't ask what your political party is, either. That is why we kept this nonpartisan. It is not just bipartisan.

That is why I hope we can move this legislation quickly to the President and get him to sign it into law, because it is needed right now, and prevention needs to be part of it.

Marin's mom, whose name is Heidi, is letting her voice be heard throughout Ohio. She is educating kids and parents about the dangers of experimenting with drugs. I commend her for that. I am so grateful for her and the other moms and dads around Ohio who are doing that. They are amazing.

Tonda DaRe came to testify before the Judiciary Committee. Her daughter's name was Holly. Holly died when she was in her early twenties. She started Holly's Song. She is talking to people, working with people, families, letting them know what the dangers are but also, if they have a son or child who is addicted, letting them know how to get them into treatment and recovery so that other lives will not be lost.

I have heard stories of these teenagers whose wisdom teeth are being taken out and they end up getting addicted to Percocet and Vicodin. Angie Trend of Lake County is one of them. She told me her son was 16 when he had his wisdom teeth taken out. He is one of the lucky ones; he is now in recovery. He is 25 years old. But the pain and agony that family went through when he was age 16 to 25 could have been avoided.

When I think of these stories, I cannot leave out prevention. It has to be part of it.

I started my own anti-drug coalition in my home State, in my home city, about 20 years ago. It continues to be effective today. It is all about prevention, getting the entire community engaged and involved. That is what needs to happen on a national basis, and it needs to happen now in order for us to save lives.

The approach we took in writing this legislation, the Comprehensive Addiction Recovery Act, was unusual around here. We spent 3 years pulling together experts and getting best practices but also accepting ideas from anywhere where there was a good idea. We didn't care whose idea it was; all we cared about was whether it worked.

I know that these statistics about heroin addiction and overdoses are heartbreaking. They can be pretty discouraging. But I also know there is hope. I have run into people from our State who have struggled with addiction and who have found their way to treatment and effective recovery—usually it is long-term recovery—with support from family and friends and others who have been through addiction. Now they are back on their feet, and they are not just productive, working members of our communities, but they are helping others.

I heard the story of Courtney Golden. She was addicted to oxycodone. She received treatment and has been clean for 7 years. She is now the director of an outpatient counseling center. I

heard the story of Terri Skaggs of the Sojourner House in Portsmouth, OH. She was addicted for 17 years, but after 17 years, she didn't give up. She has now been clean for 2 years. They beat this, and they are helping other people. I see this at every treatment center I go to.

There is hope. We can turn the tide, but it does require this institution to pull its act together and get a good bill out of conference that is comprehensive, that is evidence-based, that is going to make a real difference throughout our communities, and get that bill to the President for his signature.

We have lost more than 7,400 Americans since the Senate passed this legislation on March 10. Every 12 minutes, we lose another American, another one of our fellow citizens. Partial solutions will not suffice. We need a comprehensive approach. I will insist on it, as will others.

I thank the Presiding Officer for the time today. I am encouraged by what the House is doing on the floor. I hope the next time I come to the floor, I will not be talking about how the House must act but, rather, congratulating the House for acting and congratulating the President for signing a legislative initiative that will make a difference in my home State and in our communities all around this country.

I yield back my time.

THE PRESIDING OFFICER. The Senator from Indiana.

MR. COATS. Mr. President, I appreciate the remarks my colleague from Ohio made about this opioid issue and the impact it is having on our citizens and particularly on our young people. I support his significant contributions and efforts in terms of dealing with this problem. It is affecting my State, his State, and all of our States.

We are passing legislation to deal with it, but it is going to take more than legislation; it is going to take an all-out effort by everybody. To watch our kids, our children, our young people, and Americans become addicted and victims of this scourge that is taking place is disheartening, to say the least. We need to do all we can to address that. Our State is trying to do that and making some significant steps forward. We all have a long way to go.

WASTEFUL SPENDING

MR. COATS. Mr. President, that is not why I am here today. I come down every week, as my colleagues know, to talk about the waste of the week. While I am dealing with documented evidence of the waste of taxpayers' money through waste, fraud, and abuse and while we have totaled up well over \$150 billion of documented waste, it is only a pebble in the sea, a grain of sand compared to what we are doing by allowing deficit spending to plunge us ever more into debt.

Without a constitutional amendment to balance the budget, this body has

not had the discipline to match our spending with the revenues that come in or the political will to go to the American people and say: If you want this much government, this is how much it is going to cost. Instead, we say: We will give you what you want, and we will borrow the money to cover it because we don't have the tax revenue. And we don't have the will to say: We have to raise your taxes if this is what you want. It has put us in a dire situation from a financial standpoint. It is not talked about as much as it should be. But when I returned to the Senate, having been elected in 2010 to serve another term, our debt level was bad enough at that point at \$10.7 trillion. But under this administration, in less than 8 years, it has almost doubled. It is now \$19.2 trillion, I think is the latest, and the clock is ticking. Tune in to my Web site and you will see the debt clock. It is stunning to sit there and look at how fast those digits are turning of money that is being borrowed, which we have to pay interest on and which is slowing down our economy and crippling our future generations.

I see the young pages sitting here on the steps. Many of them have listened to my "Waste of the Week" speeches. I want to tell you that my generation—I am not pointing fingers at one party or another—has failed to achieve some kind of fiscal discipline that will put you in a position where you can inherit from my generation something that my parents and our parents and our generation gave to us, and that is a prosperous, growing, dynamic economy that gave us the opportunity to get an education, gave us the opportunity to be engaged meaningfully in the workforce, become homeowners, raise a family, save for our kids' future.

I stand here as a father with 3 children and 10 grandchildren. It is sickening to me to think about the challenges they are going to have because my generation didn't step up to the responsibility of running a fiscally sound economy through the decisions we make in the U.S. Senate, U.S. Congress, and the White House. Yes, I have blamed this President for not treating this in a serious enough manner. We made every type of effort you could think of in 2011, 2012, 2013, 2014, and we finally threw up our hands and gave up because of the six or seven things that were presented to the President over that period of time, he has rejected every one of them. I was part of one of those negotiations and was very involved with that negotiation. I directly dealt with the President and his top people. We gave him a lot of what he said he wanted, and in the end he turned it down.

I wish I had the clock ticking behind me. We are getting ever deeper into debt, and that will have a significant impact on the country.

I was speaking on the floor yesterday. The growth—if you can call it that—in the latest quarter is 0.5 percent. That is about as anemic as it