

sorry to say is part of the McConnell-Trump tactics we have found lately, but it gets worse even than what I have already outlined.

Republicans slashed funding for veterans by one-half billion dollars—not million, \$500 million—for veterans. It allows more pesticides into our environment. Republicans even used this conference report—listen to this one—to block the prohibition of Confederate flags at Federal facilities.

We should be working together to fight Zika. We should be providing public health experts the tools they need to fight this virus.

As we speak, we really don't know for sure because it changes daily, but there are almost 3,000 women who are now affected with the virus here in America, and 400 of them are pregnant. We have already had half a dozen born with birth defects.

Rather than doing something to help the public health experts with the tools they need, Republicans turned an emergency spending request into a wish list for all the anti-women, anti-veterans, anti-minorities, anti-environment, and anti-ObamaCare radicals in Congress.

Last night, the Republicans took this monstrosity of a conference report, rammed it through the House in the dead of night with no debate, and then immediately went on vacation but only until July 5. Is this how we should treat an emergency? Of course not. Is this how we should respond to a health crisis? Of course not. Shame on Republicans for turning a public health emergency into a partisan, political show.

#### GUN SAFETY

Mr. REID. Mr. President, yesterday I was privileged to join my Democratic colleagues in the House of Representatives for a protest on the House floor. House Democrats were demanding that Republicans close the terror loophole which allows suspected terrorists to legally buy guns. We wanted to stop that. In the Senate, we are also waiting for Republicans to act on gun safety just like they are in the House.

The senior Senator from Maine—a Republican—has proposed legislation to keep guns and explosives out of the hands of suspected terrorists and criminals. The Collins amendment isn't perfect, but it is a step in the right direction, and I will vote for it, but in order to vote for legislation, we need to be able to first have a vote scheduled on it. Yesterday the Republican leader said: "I'm going to be working to make sure she gets a vote on that proposal."

Frankly, I am an expert about what goes on here on the floor. I know the procedural problems my friend the Republican leader has so I understand that. I know sometimes it gets extremely difficult, but 48 hours ago, that is what he said, and we need to be shown a path forward. I don't see it, but we will wait and see.

The American people want us to prevent suspected terrorists from buying guns so I look forward to the Republican leader's plans for the day. As is the procedure here, the majority, the Republican leader, is allowed to speak first. He just wasn't here and his staff said I should go ahead.

#### RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

#### MEASURES PLACED ON THE CALENDAR—H.R. 5447 AND H.R. 5456

Mr. MCCONNELL. Mr. President, I understand there are two bills at the desk due for a second reading.

The PRESIDING OFFICER. The clerk will read the bills by title for the second time.

The legislative clerk read as follows:

A bill (H.R. 5447) to provide an exception from certain group health plan requirements for qualified small employer health reimbursement arrangements.

A bill (H.R. 5456) to amend parts B and E of title IV of the Social Security Act to invest in funding prevention and family services to help keep children safe and supported at home, to ensure that children in foster care are placed in the least restrictive, most family-like, and appropriate settings, and for other purposes.

Mr. MCCONNELL. Mr. President, in order to place the bills on the calendar under the provisions of rule XIV, I object to further proceedings en bloc.

The PRESIDING OFFICER. Objection is heard.

The bills will be placed on the calendar.

#### ZIKA VIRUS FUNDING

Mr. MCCONNELL. Mr. President, combating the spread of the Zika virus has been a priority for both parties so Republicans and Democrats deliberated and forged a compromise in committee. Senators debated that \$1.1 billion compromise on the floor and voted to pass it. Every single Democrat voted for it—every one of them.

We went to conference committee and the House agreed to fully fund the Senate-passed funding level. Now, with the House's action last night, we have a chance to send the \$1.1 billion in Zika funding to the President's desk.

This agreement will allow us to focus on immediate needs like mosquito control, while providing resources for longer term goals like a vaccine. It also takes a broader view that U.S. experts should also have the ability to address other emerging mosquito-borne diseases as well.

The administration has called for Congress to take action on Zika by July 4. They have warned of dire consequences if Congress fails to act. Many of our colleagues here have raised similar concerns.

The House did its part, and now the Senate needs to do its part. This agree-

ment represents our only chance to put Zika control money to work right now. Again, it contains the exact amount of Zika funding passed by the Senate last month with the vote of every single Senate Democrat.

Keeping Americans safe and healthy should be a top priority for all of us. We know pregnant women are at particular risk. Democrats should work with us to pass Zika control funding again, not block funding for combating this virus. Phony excuses and made up objections to the funding we have already passed will not help create a vaccine or eradicate the threat of Zika.

We also have an opportunity to support our veterans. This agreement substantially increases critical resources to ensure veterans receive benefits and health care they have earned. It will enhance the oversight and accountability at the VA. It will help improve quality of life on military bases for soldiers and their families. It will also advance critical national security projects like missile defense.

The Senate voted overwhelmingly to support ideas like these last month, too. We should now vote to get this critical veterans funding bill down to the President for signature.

#### RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

#### MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business until 10:30 a.m., with Senators permitted to speak therein for up to 10 minutes each.

Mr. MCCONNELL. I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. CAPITO). 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 PRESIDING OFFICER. Without objection, it is so ordered.

#### OPIOID ADDICTION EPIDEMIC

Mr. MANCHIN. Madam President, the Presiding Officer and I are colleagues from the same State, so she knows as well as I know about the problems we have with opioid addiction, prescription drug abuse throughout our State and all over this country. We have come to a crisis point in this country.

In 2014, 18,893 people died from a prescription opioid overdose. These are legal prescription drugs that are made by outstanding pharmaceutical manufacturers. They are approved by the Food and Drug Administration. They are prescribed to us by the most trusted person outside of our family—our

doctor. It has created an epidemic of unbelievable proportions. Every day 51 people die from legal prescription drug abuse. Worse yet, the trend is going in the wrong way. It is not reducing; it is increasing. Sixteen percent more people died in 2014 than died in 2013. We have lost almost 200,000 since 1999. If we don't take action soon, this epidemic will become of mammoth proportion that we have done very little, if anything, to control.

Unfortunately, a major barrier for those suffering opiate addiction is insufficient access to substance abuse treatment. I, like many people in public service 20 years to 30 years ago when this epidemic hit—we basically treated it as a crime. It is a crime if it is a violent crime that was committed because of drugs, or a sexual crime, but most likely that is not the case. It is mostly stealing. To support their habit, an addict usually steals from their family, their extended family, and their friends. Once everyone realizes the problem they have is addiction, then they usually start stealing anywhere they can, which usually results in an arrest, incarceration, found guilty of larceny, and then they get a felony on their record.

But knowing how difficult this is, without treating it as an illness—between 2009 and 2013, only 22 percent of Americans suffering from opioid addiction could find treatment centers. If this was any other epidemic which is a health crisis, we have ways of treating that. You will find a hospital. You will find someone who basically will give you treatment for the illness you have. Not with opiates.

In 2014, 42,000 of our fellow West Virginians, including 4,000 children, sought treatment for illegal abuse but failed to find any treatment.

Think about this. If you were a parent of a child who is addicted and that child wanted help and you wanted to get help for that child, there is no place to put that child. Compare that to what we do as far as incarceration.

My cousin Michael Aloï is a Federal magistrate judge. Michael and I were talking.

He said: JOE, you know, I have never ever been turned down for someone I have had to put in jail or in prison or had someone tell me "I am sorry, Judge, you can't put them in jail because we don't have a jail cell." We have always been able to find a jail cell for somebody we want to incarcerate.

Then he said: Guess what, JOE. For probably 8 out of 10 times a person is recommended for treatment by the court, I have no beds to put them in, no places to send them for treatment. I can find a jail cell for them and a jail bed; I can't find a treatment bed.

That is what we are dealing with in America, so we have to change.

In West Virginia, our largest long-term facility has more than 100 beds, and that is Recovery Point in Huntington, WV. They do an unbelievable job.

In 2014, about 15,000 West Virginians received some form of drug or alcohol abuse treatment, but nearly 60,000 West Virginians who were identified as being in need of substance abuse treatment couldn't find it.

Based on conversations with our law enforcement—and you can check in any of your towns, wherever you may live in this great country of ours, and you will find out that probably 7 to 8 out of 10 people who are picked up for any crime or charged with a crime—it is drug-related. It is having a tremendous effect on our economy and the lives of our people.

What I have done is I have come up with a piece of legislation which has bipartisan support, and we are hoping to get much more. Basically, it is a lifeboat. What it really says is this: We need this treatment. How do we fund it? In these tough times we have, it is hard to find the finances, and we have to have pay-fors. So I looked at it in a very practical way, and I said: We have a fee or a tax, if you will, on cigarettes. We have a fee or a tax on alcohol. These are things that are detrimental to society and to human beings themselves. Basically, I looked at a one-penny-per-milligram fee on opiates for every opiate that is produced in America or sold in America—one penny per milligram. Unbelievably, that is spinning off about \$1.5 billion to \$2 billion if we enforce this. That gives us a funding stream so these judges can place a person who needs treatment. We can have adequate treatment centers with a continual funding stream.

I would hope that we would not get a penny, not one dollar from these fees because that would mean we are not out pushing opiates. But that is not the case. So this lifeboat is exactly what it says it is—it gives people a lifeboat, gives them a chance to clean themselves up.

Mr. DURBIN. Through the Chair, will the Senator from West Virginia yield for a question?

Mr. MANCHIN. Absolutely.

Mr. DURBIN. First, I thank him for his leadership on this issue. I know it is personal to him and the Presiding Officer.

In my State, I think the death rate from opioids and heroin is somewhere around 12 per 100,000; in your State, I understand it is 25; in the State of New Hampshire, 35. So you have twice the problem we have, just in strict statistical terms, and New Hampshire, for some reason, has three times. And you have been outspoken on this issue. I am pleased you have been because it is not just local to you, it is a national problem.

Yesterday we had the Acting Administrator for the Drug Enforcement Administration come before the Judiciary Committee. Most people are not aware, although I know you and the Presiding Officer are aware of the fact that each year the Drug Enforcement Administration approves the production of opioids by pharma. In other words, the

pharmaceutical companies cannot produce these pills that are classified as narcotic, pain reliever pills, without the approval of the Drug Enforcement Administration.

I am sure the Senator from West Virginia is aware of the fact that when they set the annual production quotas for opioids by U.S. pharmaceutical companies—there has been a dramatic increase. Between 1993 and 2015, a 22-year period of time, oxycodone production jumped dramatically 40 times, from 3½ tons to over 150 tons of oxycodone approved by the Drug Enforcement Administration. During the same period, the production of hydrocodone went up 12 times; hydromorphone, 23 times; and fentanyl, the drug that killed Prince, 25 times.

I asked Acting Administrator Rosenberg: We are trying to destroy the opioid beast, and you are feeding it. The production levels—do you take into consideration what is happening with these drugs once they are produced by pharma and what happens to them next? Under the ordinary course of events, they are prescribed by doctors and dentists or, in some cases, some other medical professionals, and they make it to the street.

He said that he was aware of it and he understood that his agency was bearing some responsibility for what has happened. Well, that is an understatement. They are certainly bearing some responsibility.

So I ask the Senator from West Virginia, who has been outspoken and a real leader on this issue, when we look at the Food and Drug Administration's role on the types of opioids and we look at the Drug Enforcement Administration's role when it comes to the volume of production, is it clear that our government has some responsibility for where we are today with this opioid epidemic?

Mr. MANCHIN. Absolutely, I say to the Senator. I have been working on trying to change the culture of the Food and Drug Administration. I have been working with the DEA because not only does the DEA basically set the allotment, they also are the ones who give the license to the doctor and make sure that doctor is certified to dispense it. If you have a doctor who is abusing it, if you have a doctor who is basically putting 10 times to 20 times more on the market in a certain section or region of our State or our country—more than the other doctors—maybe that person is irresponsible, maybe they should be questioned and taken off the list for prescribing.

Absolutely. It is a cultural change.

This all came about in the eighties when basically pain—your element of pain was one of—the fifth criteria of wellness. It was the Veterans' Administration that brought the product on, so the genie got out of the bottle. How do we put it back? We can if we continue to fight it, but it is a horrible scourge on us.

Mr. DURBIN. Through the Chair, if the Senator will yield further for a question?

Mr. MANCHIN. Sure.

Mr. DURBIN. The Senator and I will both concede that there are people with chronic, acute pain who need relief every single day, and we are not quarrelling with that, that it should be prescribed and there is a definite need. Pain is an issue in the lives of many people, and we need to deal with it responsibly, in medically responsible ways.

I guess the question that comes to mind is, when I ask my local doctors in Illinois about this, some have shown extraordinary leadership—the Chicago Medical Society, for example. I commend them. I have written to all the medical associations saying: What are you doing in training your doctors to know when they are prescribing too much or too many pills?

I give special credit to the Chicago Medical Association. They have stepped up and said: With our members, we are educating them.

But this is what I hear repeatedly, and I would like the Senator's response to it. Three percent of the doctors are responsible for 50 percent of the prescriptions. That is probably true. I can't quarrel with it, nor would I. But then someone said: But that is not the whole story. Many times a person going to one of the 97 percent of physicians ends up starting down the path toward opioid addiction, and then that first physician says "No more," and then they turn to the 3 percent who are just doling out the prescriptions right and left.

So it seems to me that if 3 percent are the worst offenders and the ones who are really feeding the system in volume, we still can't look beyond the 97 percent and their responsibility to make sure their prescriptions do not start a person down the path toward opioid addiction.

I ask the Senator from West Virginia, have you encountered this 3 percent or the irresponsible physicians?

Mr. MANCHIN. Well, yes, when this became the problem we know it is today—my brother is a doctor. He went through medical school in the 1970s. They weren't schooled on this. They weren't trained on this. Most doctors will tell you they got very little training on substance abuse and what it could do. What they find out about it is that the salesmen from the pharmaceuticals is selling it to their office and giving them free samples, saying it is a miracle drug: Try it; I think you will like it. They are people running pill mills. It is basically a business for them.

The other thing is that the doctors who don't have that knowledge and haven't been trained in this—we have finally gotten the CDC, or the Centers for Disease Control, to put out, basically, prescription guidelines. A schedule II narcotic, which is basically oxycodone, Vicodin, Lortab—some of

the most renowned ones we know of—have a "30-day," a doctor can prescribe for you 30 days. I have young people in my office who go get a tooth extraction, and they get a 30-day prescription. They might need a 2-day or 3-day prescription. So this is what we are cracking down on—the 97 percent who should not be giving you a 30-day prescription just because that is what they are allowed to do. They should be using good common sense. Listen, you are a young, strong person. You may need this for 2 or 3 days. If it is worse, come back to see me.

Mr. DURBIN. If the Senator will yield further for a question, through the Chair, in the year 2014, the Drug Enforcement Agency of the United States approved the production of 14 billion opioid tablets in the United States—2014, 14 billion—enough opioid pills for every adult in America to have a 1-month prescription.

So I asked a doctor in DuPage County in Illinois why. Why would doctors prescribe, as the Senator said, a 30-day prescription for a patient who may only need 2 or 3 days, and it could be renewed if they needed more? He said: Some of them are not trained well enough and some of them don't want to get a phone call on a weekend.

Now, that was a pretty grim analysis by another doctor. But it really calls into question, first, pharma's producing 14 billion—14 billion—opioid pills for America, and doctors handing to patients a 30-day prescription when, in good conscience, a few days would have been more than enough.

The question is this: How do we at the Federal level—and I am asking the Senator because he is a moderate-to-conservative Democrat, and I know he is not looking for the big hand of government to solve all our problems—deal with pharma overproduction and how do we deal with doctors overprescribing?

Mr. MANCHIN. Basically, I truly believe it has been a business plan. That is being very cynical, if you will.

We have a lawsuit going on in the southern part of West Virginia right now, in Boone County. There has been a judge there, Judge Thompson, who has been more active than anybody I have ever seen. He has a case before him now, and it basically involves four or five distributors.

So you have pharmaceutical manufacturers that go to the distributors and basically spread it out to the pharmacies. They sent, in a very small period of time, over 200 million pills into a little part of our State. Now, you are telling me they didn't think they were oversupplying an area. Shouldn't somebody have raised a flag there? A moral conscience would say: There is no way they can consume this much. There is no way that a small rural area can consume this much narcotics. Something is wrong.

Are you telling me that wasn't a business plan? So I am going to testify. They asked me. I said I am most happy

to. I would love to be on the stand. I want them to question me about what has happened to our State. I am happy to be accountable for that because I want someone to look me in the eye and say: You didn't know we only have X amount of people. We only have 1.85 million people in the whole State. If you take 6 or 7 of these counties, you might be talking a couple hundred thousand people. You are sending 200 million pills to a couple hundred thousand people—to every man, woman, child, and baby? Something is wrong with you, and I want to hear that answer.

So yes, it doesn't matter whether you are a Democrat or Republican, whether you are conservative or liberal. This doesn't have a home. This is a killer. It doesn't matter whether you are at the low end of the socioeconomic ladder or at the top end. It is hitting everybody.

Mr. DURBIN. I want to thank the Senator for yielding for questions through the Chair, and I would just say to him that I know the problem he faces and the Presiding Officer faces.

Mr. MANCHIN. We are both fighting it.

Mr. DURBIN. It is twice the intensity and the problem of my State, and I feel it personally. There is no town too small and no suburb too wealthy to avoid the opioid addiction, leading to heroin in 80 percent of the cases and heroin overdoses and deaths.

If you pick up an obituary column in downstate Illinois, my home area—small towns and rural areas, much like West Virginia—and you see the name or photograph of someone between the ages of 18 and 30, I have to tell you that in most instances, it is this—a heroin overdose. It is a sad reality all across my State.

Mr. MANCHIN. Let me tell you what we are dealing with, I say to the Senator from Illinois and the Presiding Officer, my colleague from West Virginia. We face it every day.

I am going to read a letter here from another family. I do it once a week because it puts a real family with it. But we have such a situation that we now have people who, because of the hard financial time some States are hitting, are saying: Why don't you just legalize marijuana? Just legalize it, they are telling me. That will help all your problems with all the taxes you will receive. I can tell my colleagues that 99 percent of the addicts I talk to, when I ask them how they got started—how did you go down this path of destroying your life—they say: It started with recreational marijuana.

I have people coming to me and saying: You are a public leader. You are in the political arena. Don't you think we need this revenue? I know we need revenue, but I don't think we need it by fostering more addicts. If an addict is telling me not to do it, and then I have other people saying the opposite, I am not going to do it. I can't do it in all good conscience.

So this is what we are facing right now. If they think of the revenue from

narcotics—the revenue from these destroying drugs we have—and if the doctors don't understand it, here is the problem, as I have just said. We have top-notch pharmaceutical manufacturing companies doing many good things for us and improving our lives by producing a product, and we have, basically, the Federal Government—the DEA and the FDA—approving it and allowing it to get into the market. Then, we have the doctors, the most trusted people next to our family, saying: Take it; it will help you; it will be good for you. Then, we have a full-blown epidemic.

We are fighting Zika now. We have Ebola and all these other things. We are concerned about epidemics, and here we already have one that is full-blown and matured, and we are not doing anything. So I am hoping that common sense will prevail.

We found a pay-for—a lifeboat, basically. It is one penny. Opponents are saying it is going to be passed onto the consumer. Well, it can't be. The CDC basically controls the pricing. So they can't gouge the people. Trust me, it is as profitable as anything they make in the pharmaceutical arena. One penny on a milligram is not going to bankrupt anybody, and it is not going to keep any product off the market that is needed. Tell me how else we are going to get \$1.5 billion to \$2 billion every year to help people get off of this horrible epidemic.

I thank the Senator for helping.

I want to continue reading a letter from one of our constituents. My colleague gets them the same as I get them, and we talk about this all the time. I want to thank her for helping me fight this because together we are going to make a difference.

The letter goes like this:

I reach out to you in hopes of possibly making a future I've worked really hard for a little brighter. My name is Kayla, and I am a recovering addict. My sobriety date is February 13, 2013. I struggle with addiction to pain medication of all sorts. It started out as drinking and smoking when I was 13. That's basically all I ever did until I turned 17 and tried my first pill.

It blew me completely out of control from there. While in active addiction, I got in trouble with law enforcement for stealing and received a charge for grand larceny. This is when I was only 20, and that was the first and last time I've been in trouble with the law.

This was a nonviolent crime, basically, for stealing.

Continuing with her letter:

I've changed so much since the day I took the first pill. I completed rehabilitation at Crossroads Recovery Home in Gilbert, West Virginia, along with my dear friend Jessica Grubb who sadly lost her battle to this horrible disease.

My colleague and I have sponsored "Jessie's Law," and so we know about this tragedy.

Continuing with the letter:

It truly saved my life. When I completed treatment, I came home to start Drug Court in Greenbrier County, West Virginia. I completed that without any sanctions the whole course of the year I was in the program.

I recently moved to Washington State with my husband and children. I want more than anything to take my recovery and life a step further by starting college. Ever since I was a little girl my dream has been to become a veterinarian. That has never changed in my almost 26 years of life. Due to my felony, that dream more than likely can't come true. I would not be able to hold a license unless otherwise approved by the Board of Veterinary Medicine. It's not likely they would approve me.

I have worked so hard to be where I'm at today. My dream is to apply to Ohio State University in August of 2016 for the spring 2017 semester. I know I can be a vet. I want to prove to addicts everywhere that there is light at the end of that tunnel. The pain can be stopped. You can go from having to have a fix to get out of bed to having a Doctorate of Veterinary Medicine.

I want to show everyone that this small town West Virginia opioid addict made it, and not only that she make it, but that she pushed the limits and reached the stars. The rumor is true. We do recover.

Now, let me tell my colleagues the rest of the story. Right now, unless we change the laws, unless we change our attitudes about how we treat addiction and look at it as an illness that needs to have treatment—unless we can do that and find the treatment—we will have people like this person, who got sober—she has been sober for over 6 years—and turned her life around and wants to be a doctor of veterinary medicine, which she doesn't think she can do now because she ruined her life at a very young age and for which she is now paying the consequences. But it was a nonviolent crime. It was a nonviolent crime.

What we have said, and what we are trying to forge into a piece of legislation, is that if you have a felony on your record from a drug addiction and it was not violent—you didn't do it with a violent crime of guns and weapons and harming people, it wasn't a horrible sexual crime, and none of those things happened; all you did was steal, which is a crime, and you have a felony on your record—and if you go through drug rehabilitation, if you become a mentor for at least another year—so that is a 2-year recovery—you then qualify to go before a review panel, which will probably be made up of your sentencing judge, the arresting officers, and the addiction treatment center personnel, who can say you deserve to have one chance in life to clear your record, to expunge your record and now to be a productive citizen, to be a doctor of veterinary medicine, or to be able to be anything you want.

Yes, you did screw up. You made a heck of a mistake. But now we are going to give you that second chance because you have fought forward and become clean. You are sober, and you are helping other people become clean and sober. If not, we are going to throw a whole generation of absolutely productive Americans out.

What I am asking for is consideration on both sides of the aisle, Democrats and Republicans. Forget about being Democrats and Republicans, and let's be Americans. Let's reach out and help

people who want to be productive Americans and who want to contribute to society.

These are the things we have to do that are common sense. I am hoping all of us will come together, and I know we will.

(Mr. PERDUE assumed the Chair.)

Mr. President, I thank the Chair for allowing me to speak on this subject. I do it every week. I am going to continue to do it until we make changes. This affects your beautiful State of Georgia the same as it affects West Virginia. This is one thing we all agree on. We must end this opioid drug addiction, this drug-infested addiction this country has. We are the most drug-infested Nation on Earth.

When you consider that 80 percent—80 percent—of all the opioids in the world that are produced are consumed in a country that has less than 5 percent of the world's population—in the United States of America—something is wrong. We are better than this. We are better than this.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

#### CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

#### COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2016

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 2578, which the clerk will report.

The assistant bill clerk read as follows:

A bill (H.R. 2578) making appropriations for the Departments of Commerce and Justice, Science, and Related Agencies for the fiscal year ending September 30, 2016, and for other purposes.

Pending:

Shelby/Mikulski amendment No. 4685, in the nature of a substitute.

McConnell (for McCain) amendment No. 4787 (to amendment No. 4685), to amend section 2709 of title 18, United States Code, to clarify that the Government may obtain a specified set of electronic communication transactional records under that section, and to make permanent the authority for individual terrorists to be treated as agents of foreign powers under the Foreign Intelligence Surveillance Act of 1978.

McConnell motion to recommit the bill to the Committee on Appropriations for a period of 14 days.

The PRESIDING OFFICER. The minority whip.

Mr. DURBIN. Mr. President, I ask unanimous consent to speak as in morning business.