

Ambassador Marciel looks forward to leading that team and continuing to strengthen the U.S.-Burma relationship.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, I rise to join Senator COTTON in urging our colleagues to vote for the confirmation of Scot Marciel to be Ambassador to Burma for the reasons Senator COTTON pointed out.

There are exciting things happening in Burma. It is a country in transition. We have seen some promise. There are still major challenges in that country. We clearly need a confirmed ambassador. It is important that the Senate act, and I am glad to see we will be acting in a few moments.

We couldn't have a more qualified person to take on the ambassadorship of Burma than Scot Marciel. He currently serves as the Principal Deputy Assistant Secretary of State for East Asia and Pacific Affairs. I got to know him very well in that capacity in the last Congress when I chaired the subcommittee of the Senate Foreign Relations on East Asia and the Pacific. He is a career diplomat who has taken on some of the most challenging positions in Foreign Service, including being the Chief of Mission in Indonesia. He has devoted his life to these challenges. I know he will do an excellent job representing U.S. interests in Burma.

I urge our colleagues to support the nomination.

Mr. President, I yield back the time.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Marciel nomination?

Mr. MENENDEZ. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ), the Senator from South Carolina (Mr. GRAHAM), the Senator from Idaho (Mr. RISCH), the Senator from Florida (Mr. RUBIO), the Senator from Nebraska (Mr. SASSE), the Senator from Pennsylvania (Mr. TOOMEY), and the Senator from Louisiana (Mr. VITTER).

Mr. DURBIN. I announce that the Senator from Maryland (Ms. MIKULSKI), the Senator from Vermont (Mr. SANDERS), and the Senator from New Hampshire (Mrs. SHAHEEN) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 90, nays 0, as follows:

[Rollcall Vote No. 19 Ex.]

YEAS—90

Alexander	Ernst	Merkley
Ayotte	Feinstein	Moran
Baldwin	Fischer	Murkowski
Barrasso	Flake	Murphy
Bennet	Franken	Murray
Blumenthal	Gardner	Nelson
Blunt	Gillibrand	Paul
Booker	Grassley	Perdue
Boozman	Hatch	Peters
Boxer	Heinrich	Portman
Brown	Heitkamp	Reed
Burr	Heller	Reid
Cantwell	Hirono	Roberts
Capito	Hoeven	Rounds
Cardin	Inhofe	Schatz
Carper	Isakson	Schumer
Casey	Johnson	Scott
Cassidy	Kaine	Sessions
Coats	King	Shelby
Cochran	Kirk	Stabenow
Collins	Klobuchar	Sullivan
Coons	Lankford	Tester
Corker	Leahy	Thune
Cornyn	Lee	Tillis
Cotton	Manchin	Udall
Crapo	Markey	Warner
Daines	McCain	Warren
Donnelly	McCaskey	Whitehouse
Durbin	McConnell	Wicker
Enzi	Menendez	Wyden

NOT VOTING—10

Cruz	Rubio	Toomey
Graham	Sanders	Vitter
Mikulski	Sasse	
Risch	Shaheen	

The nomination was confirmed.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

Under the previous order, the President will be immediately notified of the Senate's action.

#### LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will resume legislative session.

The Senator from South Dakota.

#### MORNING BUSINESS

Mr. THUNE. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

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

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

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

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

(The remarks of Mr. MCCAIN pertaining to the introduction of S. 2519

are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

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

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

#### COMPREHENSIVE ADDICTION AND RECOVERY ACT

Mr. PORTMAN. Mr. President, I rise today to simply say to Chairman GRASSLEY and the Judiciary Committee: Thank you for being willing this week to have a markup and to legislate and report out a bill with regard to the prescription drug and heroin epidemic we now face around our country. The legislation is called the Comprehensive Addiction and Recovery Act, or CARA. It focuses on several areas. One is prevention and education to try to keep people from making the wrong decision and going down the road to addiction, but another is to encourage States and provide incentives to local governments and nonprofits to use evidence-based treatment and recovery that has been proven to work to try to deal with this epidemic.

Today we have unfortunately higher levels of death from drug overdoses than we do any other accidental cause of death—more than car accidents, for instance. In my own home State of Ohio, this has been true for the last couple of years. We lost over 2,400 Ohioans last year to drug overdoses. Part of the legislation also addresses this issue directly by providing our law enforcement and other first responders—firefighters, EMS—with Narcan, also known as naloxone, which is a miracle drug to bring people back if they overdose.

Finally, the legislation helps to get prescription drugs out of the hands of the wrong people. There has been overprescribing over the years, and so our legislation encourages getting these drugs off the bathroom shelves so they can't be used and having a drug-monitoring program to tell if someone has been prescribing these drugs. It would be national in scope, so if someone can't get prescription drugs in one location, they don't go across the State line to get them somewhere else. Sadly, these narcotic painkillers have caused a lot of the concern out there because sometimes they are given appropriately—maybe for pain—but they are overprescribed, and then someone uses them to the point that they become addicted and later turn to heroin because heroin is so much less expensive.

This is an issue that affects the whole country. In my own State, it

looks as if the per capita use in the rural areas is higher than it is anywhere else, including the inner city or our suburban areas. But no ZIP Code is immune from this; we are all affected by it. In Ohio, over the last week, there have been two incidents where people have overdosed while behind the wheel. In one just a couple of days ago, someone overdosed on heroin while his kids were in the backseat, and he had a bad crash. Luckily, the children were not injured badly. This continues to happen again and again. And of course much crime is being committed to pay for the habit.

This is an effort at the Federal Government level to work with State and local governments and with nonprofits to address this growing problem, the epidemic of prescription drugs and heroin abuse.

I encourage the Judiciary Committee to move swiftly with this legislation. There is a markup scheduled on Thursday so we can move this legislation to the floor of the Senate, get it to the House, and get it to the President for his signature.

There seems to be not only bipartisan but nonpartisan support for this legislation. In other words, this is not a political issue but something that affects us as fathers, mothers, brothers, and sons. I hope the Senate will take on this issue.

I was in Ohio yesterday meeting with some women who are recovering addicts, and they told me their stories. Many of them started on prescription drugs sometimes because of an accident. They talked to me about how the grip of addiction is so great that it requires real courage and real resilience to be able to come through it. We want those women and others to be able to live out their God-given abilities and not to be afflicted by this addiction, which is really a disease. This legislation we have before us is a step in the right direction.

I encourage my colleagues on both sides of the aisle to support it and to move it to the President so we can begin to help local communities, neighborhoods, and our States be able to address this growing problem.

I yield back my time, Mr. President. The PRESIDING OFFICER. The Senator from West Virginia.

#### PRESCRIPTION DRUG ADDICTION

Mr. MANCHIN. Mr. President, first, I say to my colleague from Ohio—Senator PORTMAN, who is a dear friend—that we all have it; you are right, it is nonpartisan. This has no home. This has affected every American family one way or another. There is not a person I know in my State or in the good State of Ohio that doesn't have a family member—immediate family, extended family—or close friend who hasn't been affected by legal prescription drug abuse. We are looking at a whole cultural change that needs to go on, and I am on the floor to share letters with you.

Senator PORTMAN, I am sure you are getting the same letters. I would encourage all our colleagues to read just one letter a week from a family whose lives have been changed. They have lost a husband, they have lost their childhood, or they have lost a dear family member. It has destroyed their family life as they knew it. They can't get a job—a first-time felony offense, and they are out of the workforce now.

If you talk to law enforcement, there is not a law enforcement agency in America today that will not tell you that 80 percent of their crimes are drug related. Theft, arson, robbery—whatever it may be, it is around drug abuse.

So I come to the floor to continue to share the story of millions of Americans—most importantly, of some of my very dear West Virginia family members—who have had this.

I applaud the good Senator from Ohio. All of us are working. This will go through a normal process, I hope. It will be an open amendment process, and we are all going to make a piece of legislation and maybe for the first time start changing the culture in America, starting right here in Washington, DC, with the Food and Drug Administration. I will talk about that too.

West Virginia has been hit the hardest per capita. Just this past year, 600 West Virginians have died—in a State with less than 2 million people. The American people are drowning under the weight of prescription opioid abuse. Nationally, more than 51 people die every day—in my State, Oklahoma, Ohio, all across this great Nation.

The FDA must get serious about the dangers—we have been speaking about this—of prescription drugs, and this will not be accomplished without a significant change in the culture. It starts with them.

Although the FDA announced that the agency will be taking steps in the right direction to address these problems, it is not enough and more needs to be done. Let me explain why. The FDA's No. 1 priority must be public health and well-being—nothing else. Yet time and again the FDA has stood in the way of efforts to address the opioid abuse epidemic and improve public health.

The FDA plays a critical role in the epidemic as the agency overseeing the approval. Let me make sure we understand. This starts with a prescription. A legally licensed company makes medicine for pain reduction, if you will, pain suppressant, an opiate, and then they bring that to the FDA, and the FDA goes through a process of evaluating it to see if it should go on the market. They go through an evaluation—or their committee, basically an oversight committee—and then they say this is a product that should be on the market or should not. Many times the FDA has gone against the advice of their own advisory committee.

These are things we have to protect the American public from. Why?

So last week they decided to slightly improve the agency's response to the

opioid epidemic. I am pleased at this small step, but let me tell you about this small step. They said that now they are going to be serious about the dangers of prescription drugs, and they said they are going to finally start listening—mind you, listening—to the advice of their advisory committee. Oh, that is wonderful; they are going to listen to them now. That means they haven't really been listening to them up until now, but they are going to start now.

What they don't tell you is they are not going to be required to take the recommendation of their experts. A perfect example is Zohydro. It took us 3 years to get all opiates—Vicodin and Lortab, which are the most prescribed pain relievers and pain pills in the country—3 years to get the FDA to change that from a schedule III to a schedule II, even after I went personally, when I was first in the Senate 5 years ago, to the advisory committee and they voted overwhelmingly that, yes, this should be a schedule II. Within the bureaucracy, the FDA took 3 years. The day they did that and made that piece of legislation or that rule saying that now it will be schedule II, we saw the immediate effect. It took 1.1 billion—billion with a “b”—pills off the market. Twenty-two percent of the amount of opioids on the market were reduced immediately within the first year. Within a week of their finally agreeing to go from a schedule III to a schedule II, which controlled the prescriptions, they came out and approved Zohydro against the wishes of their advisory committee, 11 to 2. Now you tell me why that product came to market.

So I have legislation that says: Listen, when you are not going to take their advice and you don't recommend or you don't basically agree with your advisory committee, you have to come to the people's representatives—that is us—and tell us why you think this addictive drug needs to be on the market.

I believe we have to do things and take important steps. What we have basically turned a blind eye to is unbelievable.

Let me explain what I think goes on and what goes on. This is of such an epidemic proportion that we are afraid to talk about it. If you have a child in your family who is addicted, if your mother or father or maybe you or your wife is addicted, you are afraid to talk about it. It is kind of a shame, so we kind of try to take care of it. Guess what. We can't even find treatment centers to help people. And then you can't afford it if you can find it—most people in America—and most of the times you can't.

So there are two things that have to be done. First, and I am as guilty as anybody here—the last 20 years I thought: Boy, if you are going to use these drugs and abuse them, that is a crime. I am going to put you in jail. You are going to pay the fine for that, a penalty.