

times. Until her death, she had been sober for 6 months and was focused on making a life for herself in Michigan. All of her hard work was ruined because of a careless mistake.

I introduced this piece of bipartisan legislation; everybody has been so kind on that. It makes so much common sense. I introduced it almost a year ago. At the time, I told David, Kate, and the family: This is something that should be a no-brainer. This is something we should easily pass. It was called Jessie's Law, after this beautiful young lady.

I will explain how the events unfolded, and then I will go into the bill. Her parents, David and Kate, traveled to Michigan for her surgery. They traveled to Michigan, and they told her doctors and the hospital personnel that she was a recovering addict. Jessie confirmed it. She said: Yes, I have struggled. I am clean. I am proud, and I want to get healthy. I want to get my leg injury fixed, and I want to run that marathon.

After Jessie's surgery, the discharging doctor, who said he didn't know she was a recovering addict—the parents were there when she was admitted. She told him. You would have thought they would have asked: Do you have any allergies, penicillin?

You would have thought they would have flagged it: I am a recovering addict.

They sent her home with a prescription for 50 oxycodone—50 oxycodone—because they did not know, because her records had not been properly identified, that she was very prone, being a recovering addict, to any type of opiate. There are other ways of treating pain. Not knowing, the doctor went ahead and released her with what a normal person would get for pain relief.

Needless to say, she should never have gotten that prescription—no way, shape, or form. We must ensure this never happens again. That is why today I am reintroducing Jessie's Law.

Let me tell you what I ran into. David and Kate accompanied her as the parents. They were with their beautiful daughter. They both confirmed that she had an addiction problem and she was recovering: Please, we want you to notify anybody who handles, anyone who dispenses, anyone who is working with Jessie. Please know what we are dealing with is very fragile.

I said: We will write the legislation. And we did; we wrote the legislation. If you have a consenting guardian, parent, and a consenting patient, it should be flagged. Because of privacy laws, we know we are very concerned about that. For some reason, I cannot get past the bureaucracy of getting this bill to the floor to be voted on because they are saying there is objection to the privacy laws with the parents' being involved. So guess what. I finally called David, and I called Kate, and I said: I know you would think it makes common sense that, basically, we should be able to pass legislation the

way we would like to pass it—where the parents acknowledge it and the patient, who is their child, acknowledges it. They both are cooperating, and it should be done.

In order to try to get this piece of legislation passed as quickly as possible, we are taking off the parents. It is only the patient herself. Jessie comes in and says: I want you to know I am a recovering addict. Please make sure that everybody who handles my case knows that. That is all we are asking for. I am hopeful, Mr. President, that you and others will be able to join me because we don't want anybody in North Carolina going through what we have gone through in West Virginia or what the Grubb family has gone through, losing this beautiful, bright, talented young lady. It should never happen in this country.

Even the healthcare providers are saying: We need this legislation to go forward so we can identify that, so we can mark that, hotline that, redline that, and so that anybody who is handling Jessie from the beginning to the end, especially when they are discharged, is going to have knowledge. In no way, shape, or form will anybody prescribe an opiate or any type of addictive painkiller that they are going to be affected by, because their life has been changed by it already.

The bottom line is that we need to go at this problem from every angle with the help of everyone: family assistance, counseling programs, drug courts, consumer and medical education, law enforcement support, State and Federal legislation. We need everything. This is a fight we can't lose.

This is the first time in my lifetime that my State has fallen under 50 percent of adults of working age not working. We are down to 49.6 percent. We have always had the reputation of having some of the greatest workers—hard workers—giving you a good hard-working day for good hard-working pay. They have always been there. We just have too few of them. There are three things that keep you out of the workforce, basically: a lack of skill sets, if you are addicted or you have a criminal record, or a combination. Addiction has taken over and has basically changed the lives of Americans, changed the lives of West Virginia, and it is ruining families.

There is no way that her sisters and David and Kate, her parents, are ever going to get over losing Jessie. There is no reason they should have lost Jessie and no reason you should lose another North Carolinian—none of us. As to the situation where they are going in and they are identified by all the professionals with the help they need in the systems they are asking for, we owe that to every person in America, and we owe it to Jessie.

So I am asking for the cooperation of all my colleagues—the continuous support, tireless work that everyone has done. Jessie's death is heartbreaking and reminds us all that this is one

death that could have been prevented and one death that should never happen again because of a lack of legislation that prevents us, because of the privacy laws, to identify a person that is in need.

If you are looking at addiction and happen to be looking at addiction as an illness, an illness needs care. If they need care, then we are going to give them the care to protect them while they are getting that care. That is all this does. I hope it is something we can do as quickly as possible. We will be forever grateful. In Jessie's memory, her parents are going to be forever grateful. Basically, Jessie's life will not be in vain. That is exactly why I am here. I am not going to sit still and lose a beautiful person who could contribute to society the way this young lady was going to contribute to society and say there is nothing we can do. We can do it and do it in her honor.

By Mr. CORNYN (for himself, Ms. KLOBUCHAR, Mr. GRASSLEY, Mr. BLUMENTHAL, Mr. TILLIS, Mrs. FEINSTEIN, Mr. HATCH, Mr. HELLER, and Mr. CRUZ):

S. 583. A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize COPS grantees to use grant funds to hire veterans as career law enforcement officers, and for other purposes; to the Committee on the Judiciary.

Mr. CORNYN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 583

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "American Law Enforcement Heroes Act of 2017".

SEC. 2. PRIORITIZING HIRING AND TRAINING OF VETERANS.

Section 1701(b)(2) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796dd(b)(2)) is amended by inserting "including by prioritizing the hiring and training of veterans (as defined in section 101 of title 38, United States Code)" after "Nation".

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 83—EXPRESSING THE SENSE OF THE SENATE REGARDING THE TRAFFICKING OF ILLICIT FENTANYL INTO THE UNITED STATES FROM MEXICO AND CHINA

Mr. MARKEY (for himself and Mr. RUBIO) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 83

Whereas the United States continues to experience a prescription opioid and heroin overdose epidemic that claimed more than 33,000 lives in 2015;

Whereas fentanyl is a synthetic opioid and the euphoric effects of fentanyl are sometimes indistinguishable from the euphoric effects of heroin or morphine;

Whereas the effect of fentanyl can be up to 50 times stronger than heroin and 100 times stronger than morphine;

Whereas although pharmaceutical fentanyl can be diverted for misuse, most fentanyl deaths are believed to be linked to illicitly manufactured fentanyl and illicit versions of chemically similar compounds known as fentanyl analogs (collectively referred to in this preamble as “illicit fentanyl”);

Whereas illicit fentanyl is potentially lethal even if only a very small quantity is ingested or inhaled;

Whereas across the United States, illicit fentanyl use and related deaths are rising at alarming rates;

Whereas illicit fentanyl is cheaper to manufacture than heroin and the sale of illicit fentanyl is highly profitable for drug dealers;

Whereas illicit fentanyl is sold for its heroin-like effects and illicit fentanyl is often mixed with heroin, cocaine, or methamphetamine as a combination product, with or without the knowledge of the user;

Whereas illicit fentanyl is often produced to physically resemble other opioid pain medicines, such as oxycodone, which sell for high amounts on the street;

Whereas drug users often overdose on illicit fentanyl because users are unaware that they are ingesting illicit fentanyl and do not anticipate the toxicity and potential lethality of illicit fentanyl;

Whereas, according to the Centers for Disease Control and Prevention, between 2014 and 2015, the death rate from overdoses caused by synthetic opioids, including illicit fentanyl and synthetic opioid pain relievers other than methadone and heroin, increased 72 percent;

Whereas, in 2016, the Drug Enforcement Administration (referred to in this preamble as the “DEA”) issued a National Drug Threat Assessment Summary, which found that Mexican transnational criminal organizations are—

(1) the greatest criminal drug threat to the United States; and

(2) poly-drug organizations that use established transportation routes and distribution networks to traffic heroin, methamphetamine, cocaine, and marijuana throughout the United States;

Whereas, in 2016, the DEA issued a National Heroin Threat Assessment Summary, which found that “starting in late 2013, several states reported spikes in overdose deaths due to fentanyl and its analog acetyl-fentanyl”;

Whereas the 2016 National Heroin Threat Assessment Summary found that—

(1) Mexican drug traffickers are expanding their operations to gain a larger share of eastern United States heroin markets; and

(2) the availability of heroin is increasing throughout the United States;

Whereas in 2015, there were more than 9,580 overdose deaths in the United States caused by synthetic opioids, including—

(1) illicit fentanyl; and

(2) synthetic opioid pain relievers other than methadone and heroin;

Whereas the number of deaths attributable to illicit fentanyl may be significantly underreported because—

(1) coroners and medical examiners do not test, or lack the resources to test, routinely for fentanyl;

(2) crime laboratories lack the resources to test routinely for fentanyl; and

(3) illicit fentanyl deaths may erroneously be attributed to heroin;

Whereas, in March 2015, the DEA issued a nationwide alert on illicit fentanyl as a threat to health and public safety;

Whereas, in October 2015, the Centers for Disease Control and Prevention issued a health advisory through its Health Alert Network—

(1) to make public health officials aware of the increase in fentanyl-related overdose fatalities;

(2) to provide recommendations for improving detection of fentanyl-related overdose outbreaks; and

(3) to encourage States to expand access to, and training on, naloxone;

Whereas, in August 2016, the Centers for Disease Control and Prevention updated the health advisory issued in October 2015 to make public health officials aware of the increasing—

(1) availability of counterfeit pills containing various amounts of fentanyl and fentanyl-related compounds; and

(2) frequency with which fentanyl-related compounds are mixed with, or sold as, heroin;

Whereas illicit fentanyl has the potential to endanger public health workers, first responders, and law enforcement personnel who may unwittingly come into contact with illicit fentanyl by accidentally inhaling airborne powder;

Whereas, according to the DEA—

(1) Mexico is the primary source for illicit fentanyl trafficked into the United States; and

(2) distributors in China are the source of the fentanyl analogs and the precursor chemicals to manufacture fentanyl analogs that are found in Mexico and Canada;

Whereas fentanyl produced illicitly in Mexico is—

(1) smuggled across the southwest border of the United States, or delivered through mail and express consignment couriers; and

(2) often mixed with heroin or diluents in the United States and then distributed in the same United States markets in which white powder heroin is distributed; and

Whereas United States law enforcement officials have recently seen—

(1) an influx of illicit fentanyl into the United States directly from China;

(2) shipments of the equipment to manufacture illicit fentanyl, such as pill presses; and

(3) some illicit fentanyl products being smuggled into the United States across the northern border with Canada: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) the use of illicit fentanyl in the United States and the resulting overdose deaths are a public health crisis;

(2) the trafficking of illicit fentanyl into the United States, especially the trafficking of illicit fentanyl by transnational criminal organizations, is a problem that requires close cooperation between the United States Government and the Governments of Mexico and China;

(3) the United States Government and the Governments of Mexico and China have a shared interest in, and responsibility for, stopping the production of illicit fentanyl and its trafficking into the United States;

(4) the United States should—

(A) support efforts by the Governments of Mexico and China to stop the production of illicit fentanyl and its trafficking into the United States; and

(B) take further measures to reduce and prevent heroin and fentanyl consumption through—

(i) enhanced enforcement to reduce the illegal supply; and

(ii) increased use of evidence-based prevention, treatment, and recovery services; and

(5) the United States Government, including the Secretary of State, the Attorney

General, the Secretary of Homeland Security, and the Director of the Office of National Drug Control Policy, should use the broad diplomatic and law enforcement resources of the United States, in partnership with the Governments of Mexico and China, to stop the production of illicit fentanyl and its trafficking into the United States.

SENATE RESOLUTION 84—SUPPORTING THE GOALS OF INTERNATIONAL WOMEN’S DAY

Mrs. SHAHEEN (for herself, Ms. COLLINS, Mr. WHITEHOUSE, Mr. MENENDEZ, Mr. COONS, Mrs. GILLIBRAND, Ms. BALDWIN, Mr. DURBIN, Mr. CARDIN, Mr. MURPHY, Mr. MARKEY, Mrs. MURRAY, Ms. CANTWELL, and Mr. WYDEN) submitted the following resolution; which was considered and agreed to:

S. RES. 84

Whereas, as of March 2017, there are more than 3,672,000 women in the world;

Whereas women around the world—

(1) have fundamental rights;

(2) participate in the political, social, and economic lives of their communities;

(3) play a critical role in providing and caring for their families;

(4) contribute substantially to economic growth and the prevention and resolution of conflict; and

(5) as farmers and caregivers, play an important role in the advancement of food security for their communities;

Whereas the advancement of women around the world is a foreign policy priority for the United States;

Whereas at his confirmation hearing, Secretary of State Rex Tillerson—

(1) spoke about the importance of empowering women; and

(2) noted that there is “study after study to confirm that when you empower women in these developing parts of the world, you change the future of the country”;

Whereas 2017 marks—

(1) the 22nd anniversary of the Fourth World Conference on Women, at which 189 countries committed to integrating gender equality into each dimension of society; and

(2) the 6th anniversary of the establishment of the first United States National Action Plan on Women, Peace, and Security, which includes a comprehensive set of commitments by the United States to advance the meaningful participation of women in decisionmaking relating to matters of war or peace;

Whereas the United States National Action Plan on Women, Peace, and Security, revised in June 2016, states that “[d]eadly conflicts can be more effectively avoided, and peace can be best forged and sustained, when women become equal partners in all aspects of peacebuilding and conflict prevention, when their lives are protected, their voices heard, and their perspectives taken into account.”;

Whereas there are 63 national action plans around the world, and there are several additional national action plans known to be in development;

Whereas the joint strategy of the Department of State and the United States Agency for International Development entitled “Department of State & USAID Joint Strategy on Countering Violent Extremism” and dated May 2016—

(1) notes that women can play a critical role in identifying and addressing drivers of violent extremism in their families, communities, and broader society; and