

Trump. Given Judge Thapar's apparent views on campaign finance regulation, it is no surprise that these groups, who are some of the biggest opponents of any efforts to bring transparency to campaign financing, want to see him elevated to a circuit court. His answers during his hearing did not allay my concerns.

I was also troubled by Judge Thapar's responses to my written questions. Like Justice Gorsuch, he dodged a very simple question about whether the First Amendment permits a religious litmus test for entry into the United States, but even that nonanswer was inaccurate. Judge Thapar responded that the constitutionality of a religious litmus test is an active question in pending litigation regarding the president's Executive order targeting Muslim-majority countries, and that he could not comment on it. That is not accurate. There is no question that such a religious litmus test is unconstitutional—even the Trump administration does not argue otherwise. Instead, they are arguing that the Executive order does not impose such a litmus test. Judge Thapar failed to get the facts right, and failed to show me that he understands one of the most fundamental principles of our Constitution. It will be very difficult for me to support any judicial nominee who fails to answer this question with adherence to both the Constitution and the facts.

The role that far right interest groups have played in this nomination and the Gorsuch nomination is troubling. A President is free to consult with whomever he wishes on potential nominees, but the "advice and consent" power belongs to the Senate, not the Federalist Society. For decades, Presidents of both parties have consulted with home State Senators, a requirement formalized through the Judiciary Committee's blue slip process. This tradition protects the role of all 100 Senators in the confirmation process and helps ensure that Presidents work with Senators of both parties to find consensus nominees.

During my nearly 20 years as either chairman or ranking member of the Judiciary Committee, I encouraged Republicans and Democrats to work with President Clinton, President Bush, and President Obama to find qualified, consensus nominees, and I protected the rights of Senators in both parties. As Ranking Member FEINSTEIN noted in a memo that was circulated yesterday, no judicial nomination made by the last three Presidents was confirmed without the support of both home State Senators. I cannot recall a nominee being confirmed over the objection of his or her home State Senator. The blue slip is not a partisan issue; it is about constitutional checks and balances and the Senate's role in protecting the independence of our Federal judiciary. I encourage President Trump to follow the example of his predecessors from both parties and work with us to find consensus nomi-

nees to ensure that our Federal courts remain the envy of the rest of the world.

The PRESIDING OFFICER. The Senator from Illinois.

OPIOID CRISIS

Ms. DUCKWORTH. Madam President, I would like to take this time to discuss a critical public health crisis affecting constituents in Illinois and all across the country. Each day, 46 people die from overdose of prescription painkillers in the United States. In Illinois, that number is only growing.

Overdose deaths in Illinois from opioids rose about 275 percent from 2008 to 2014. There are an estimated 460,000 nonmedical prescription opioid users in Illinois alone. A major portion of the total number of drug-poisoning deaths between 2013 and 2015 were a result of opioid and prescription drug abuse. Over 4,000 people died as a result of opioids and prescription drugs, and 2,000 people died due to heroin. Illinois also had the third fastest rising death rates from synthetic opioids in the Nation, with overdoses rising by 120 percent from 2014 to 2015. Unfortunately, Illinois is third from the bottom for treatment of substance abuse because of lack of funding and resources to healthcare providers and law enforcement partners in the State.

These numbers are alarming, but I would like to share a story behind those numbers—a face. Laura Fry is a mother whose family has experienced the worst of the opioid epidemic. Her son, Alexander, is 29 years old and in remission from heroin use disorder.

Alexander was just a normal kid growing up in Wauconda, IL. He had his entire life ahead of him. Then, when he was 17, he had a snowboarding accident and was taken to the emergency room after he lost consciousness. That is when doctors found a mass on his cerebellum and he had to undergo major brain surgery. It was after this surgery that Alexander became addicted to morphine, and his drug abuse began.

When Alexander graduated from high school, he began working at a hospital, where he was able to steal drugs to fuel his abuse. Over time, his drug abuse spiraled out of control. He was fired from his job for stealing narcotics and was arrested for possession of heroin. But because this was his first offense, he was given a very strict 2-year probation. Over the next 4 months, he tested positive for heroin several times, and then he simply disappeared. Laura did not know where her son was or whether he was even alive for 10 months. Finally, he was arrested and taken into custody.

In Lake County, IL, we thankfully have a criminal justice system that recognizes addiction is a disease. The court gave Alexander the opportunity to continue his probation, and he was allowed to perform hundreds of hours of community service and to attend an intensive outpatient program.

In the spring of last year, Laura and her son Alexander appeared in court for

the last time. Alexander is now a volunteer for Live4Lali, a substance abuse program in Illinois. He attends community outreach events, shares stories, and offers trainings in naloxone use—a lifesaving drug that reverses opioid overdoses. He has gone from being a user to someone who is transforming lives.

Alexander's story is a reminder that Congress must focus on enhancing recovery efforts, and we are beginning to take steps in the right direction. For example, I was a proud supporter of the Comprehensive Addiction and Recovery Act, also known as CARA, when I served in the House. CARA, which passed with overwhelming bipartisan support, establishes, supports, and strengthens a number of programs to fight the opioid crisis in communities. It provides opportunities for rehabilitation, like the outpatient program Alexander attended, and expands access to drugs like naloxone, which are saving lives on the frontlines of this epidemic.

I applaud these efforts, but I have serious concerns about the majority's commitment to actually funding these essential programs to rehabilitate our fellow Americans who are suffering from opioid addiction because, while we can all agree that CARA's intent was to transform our opioid crisis, the bill failed to provide any actual funds to enact these effective programs.

I, along with many of my colleagues, have asked for CARA to be fully funded and to provide additional funding to the drug courts and veteran treatment courts, which essentially reduced crime, saved taxpayer dollars, and saved the lives of more than 1.25 million civilians and veterans. In addition, we must also make sure families have access to medicine that can save lives during an overdose by calling on manufacturers to offer naloxone to rein in the costs.

I share this story because the turmoil that the Fry family faced is not unique. Millions of Americans are experiencing the impact of opioid abuse, and many of these American stories have much more tragic endings. We can and must do more for these families.

I ask that we take the time, consider the story of Alexander and his family, and step up and do the right thing. Let's fund CARA fully.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Madam President, let me thank my colleague, Senator MANCHIN, for arranging the time to talk about the ongoing opioid epidemic across the country. I know his home State of West Virginia—much like my home State of Rhode Island—has been hit particularly hard by this epidemic.

This is not happening in some far off place or some distant country. It is happening in Rhode Island, West Virginia, and, indeed, every State throughout the Nation. Last year, over 330 Rhode Islanders lost their lives due to opioids.

Rhode Island is a small State, so let me talk about a national statistic that shows the extent of this crisis. Last year, drug overdoses killed 50,000 Americans. That means more people died last year because of drug overdoses than due to car crashes or gun violence. These numbers are staggering, and it is happening in all of our communities.

Since 2011, the number of overdose deaths has increased by more than 90 percent. Unfortunately, year after year, Rhode Island continues to top the Nation in terms of rates of overdose deaths. We must work to turn this around and get more people access to treatment for opioid addiction.

In 2008, almost a decade ago, Congress enacted the landmark Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Law. For the first time, the law required insurance companies to cover behavioral health services in the same way that it would cover physical health services. This was a critical step, but it ultimately did not solve the problem, as some insurance companies have continued to find ways to avoid complying with the law—or at least its spirit.

It took passage of the Affordable Care Act to improve access to behavioral health services. For the first time, critical consumer protections, like banning discrimination based on preexisting conditions, ensured that individuals with substance abuse disorders could not be denied coverage.

Further, the ACA established a set of essential health benefits that all insurance plans must cover, including mental health and substance abuse treatment. Gone are the days when consumers would pay steep prices for health insurance that in actuality did not even cover basic health services, such as mental health care or maternity care.

In addition, the ACA prohibits lifetime annual limits on care. Before the ACA, many people with chronic health conditions, such as substance use disorders, would hit their annual cap just a couple of months into the year and then would have to pay all other costs out of pocket for the rest of the year.

Lastly, the expansion of Medicaid has made a tremendous improvement in access to behavioral health services. In States like Rhode Island that have expanded Medicaid, we have seen a sharp drop in the percentage of people with substance use disorders who seek care in the emergency department because they are uninsured. Medicaid is the single largest payer of substance use disorder services and pays for one-third of all medication-assisted treatment in the country.

TrumpCare would reverse all these gains. According to the Center on Budget Policy and Priorities, repeal of the ACA would mean 2.8 million people with substance use disorders would be at risk of losing their coverage. Repeal of the Medicaid expansion would cut

\$4.5 billion from mental health and substance use disorders for those with low incomes, to say nothing of TrumpCare's broader goal of ending Medicaid as we know it. TrumpCare would all but eliminate this critical safety net.

TrumpCare goes even further to turn back the clock on consumer protections like preexisting conditions. People with substance use disorders would be disadvantaged immediately, as their disorder could be considered a preexisting condition. This has the double effect of pricing people with mental and behavioral health issues out of the market entirely and encouraging people not to seek care out of fear of being labeled by their insurance company as having a preexisting condition.

On top of that, TrumpCare would gut the essential health benefits in the ACA. This means that there would be no rules about what health insurance must cover, such as preventive health services and mental and behavioral health services. Even with coverage, people will have to pay out of pocket for the services they need. For substance use disorders, which could add up to \$20,000 a year in out-of-pocket costs alone.

Over the last couple of years, I have worked with my colleagues on the Senate Appropriations Committee to include historic funding increases for programs that help the opioid crisis. In fact, the fiscal year 2017 omnibus provided \$511 million for prevention, enforcement, treatment, and recovery across various agencies, including over \$300 million for the Department of Health and Human Services, \$50 million for the Department of Veterans Affairs, and over \$160 million for the Department of Justice. Last year, we passed the 21st Century Cures Act, which directed \$1 billion to States to combat the opioid crisis. We must continue these efforts.

However, this week, the President released his budget proposal for next year, and it does the exact opposite. First of all, the President's budget doubles down on his plan to decimate Medicaid. The President has proposed cutting hundreds of billions of dollars from Medicaid, block-granting the program with no protections for the most vulnerable. In fact, his budget offers no details on how it plans to structure Medicaid—just that he intends to cut the program beyond repair.

On top of that, the President's budget makes enormous cuts to the Substance Abuse and Mental Health Services Agency, SAMHSA, which implements many of our most effective substance use disorder prevention and treatment programs, such as the Community Mental Health Services Block Grant Program, which President Trump has proposed cutting by over 20 percent.

Further, President Trump has proposed cutting the National Institutes of Health by nearly \$6 billion, which would interrupt critical research into

new and better ways to treat substance use disorders, along with research into how we can better treat pain without the use of addicting opioid painkillers. Coupled with TrumpCare, this budget proposal would only worsen the opioid crisis.

I am committed to continuing to work with my colleagues to prevent that from happening. I am heartened to see so many of my colleagues talk about these very issues this afternoon.

It is my hope that we will be able to work together over the coming months to ensure that the gains we have made in the fiscal year 2017 omnibus and the Cures Act are not lost. We have much more work to do, and people in my State and across the country are counting on us to do that for them.

With that, I yield the floor.

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

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

SMALL BUSINESS REGULATORY FLEXIBILITY
IMPROVEMENTS ACT

Mr. LANKFORD. Madam President, we have a lot of issues we are working on right now. Some of the big ones include the budget conversation. For the first time in a long time, the budget conversation really circles around, how are we going to get back to balance? It is an interesting dialogue. There is going to be a lot of dispute about elements of the President's budget. There will be a lot of controversy back and forth about aspects in the House and the Senate proposals. But for the first time in a long time, the beginning point of the conversation is, how do we get back to balance? That is a good place to start. I am pleased to see that is a part of the conversation again.

There are a tremendous number of things that have to be dealt with in this process. I want to bring up two quick ones and then talk about some of the small business issues we are facing.

One of them is that when we go through the budget process, I encourage my colleagues to deal with the budget gimmicks that are still in place in the budget process—areas that seem to bring down the deficit but we all know actually do not. Those don't help us as Americans. That may help with some sort of scoring issues; that doesn't really help where we are.

The second aspect to that is, let's actually put the appropriations bills on the floor. For the last several years, there have been continuing resolutions or omnibuses without any amendment process brought. We should be able to, in a bipartisan way, agree to bring these appropriations bills to the floor, actually have an amendment process, and actually deal with this in a public setting. There are straightforward ways to deal with our debt and deficit.