

than that. It also recognizes the importance of the contributions of the Arctic indigenous peoples, the importance of healthy Arctic communities, the impact of maritime activity in the region, and the emergence of the Arctic Economic Council, which is an issue that I feel very strongly about.

We had an extraordinary Alaskan woman who was chairing the AEC throughout these past 2 years, and she did a fabulous job standing that up. Her contributions were quite remarkable.

There is the need to improve the access of Arctic communities to clean, affordable, and reliable energy sources. So, again, I would commend to anyone's reading the Fairbanks Declaration. If you are interested in Arctic issues or if you are interested in just a sense of the breadth and the depth of the issues and challenges facing the Arctic region, I think it is an important document.

With our handing the gavel now to Finland, the obvious question request is this: What happens next for the United States in the Arctic? I am encouraged by Secretary Tillerson's comments in Fairbanks that the United States will remain engaged and remain a leader on Arctic policy. That has got to be key. We have made great headway in recognizing that we are an Arctic nation. At every appropriations hearing that I have been to thus far, I think I have reserved my questions to ask about Arctic-specific issues—whether it is the status of where we are on infrastructure, such as icebreakers, or whether it is a recognition and an understanding that, with decreasing sea ice up north, you have people in ships up there, which we have never seen before. Quite honestly, we now have an area of exposure. We focus a lot on the southern border. We now have a northern border that is open. What might that mean?

We were able to query Secretary Kelly this morning about possibly partnering with Canada as we look to how we can provide for sharing of information about who is coming and who is going and knowing what we have in front of us. We will have an opportunity—again, as we move forward with legislative initiatives, appropriations, and reviewing the President's budget—to make sure that the leadership that the United States has demonstrated these past 2 years as we have been chairing the Arctic Council continues and that it continues in a strong and a prominent way.

With that, I thank the Chair.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, I would like to commend my colleague from Alaska. Closer to the Poles, you see the effect of climate change more starkly. I am glad that she spoke on this issue. She is a real champion for her State, which means recognizing that climate change is having an effect

on the Arctic and on those villages up there. It will have a lot of consequences going forward.

I say thank you to Senator MURKOWSKI.

OPIOID EPIDEMIC

Mr. FRANKEN. Mr. President, I rise today to talk about the House Republican healthcare bill and the devastating effect that it would have on people with mental illness and those affected by the Nation's opioid epidemic.

Nationwide, more than 52,000 Americans died from drug overdoses in 2015, the most recent year for which data are available, with 63 percent of those deaths involving an opioid. This means that drug overdose deaths now surpass the number of people who die each year from automobile accidents or from firearms.

That same year in Minnesota, we lost more than 570 people to drug overdoses. About half of those deaths were tied to prescription medication—particularly, opiate pain relievers—and another 20 percent of those deaths were associated with heroin. We saw drug overdose deaths jump 11 percentage points in Minnesota from 2014 to 2015.

The opioid epidemic knows no boundaries. It has touched people and families of all incomes, of all races, and of all ages. Some communities in Minnesota have been hit particularly hard by this crisis, including our Native American population. Not long ago, I visited the Bois Forte Indian Reservation. Bois Forte is a small, beautiful reservation up in northern Minnesota, a community where people know each other and trust each other. In fact, historically, the trust has run so deep that folks in Bois Forte didn't even lock their doors at night. But the opioid epidemic—I was told this by the Tribe chairman—and the impact it has had on the people in the reservation has changed that. Opioids are changing and destroying families and communities, and one clear sign of this is that people now are locking their doors, the chairman told me.

Right now, we need to be doing all we can to help people, families, and communities that have been devastated by opioid addiction. We must provide support for treatments and other necessary interventions, and we need to be focusing on prevention. That is why we passed the Comprehensive Addiction and Recovery Act just last year, and why we followed it up with the behavioral health provisions in the 21st Century Cures Act—again, just at the end of last Congress.

Now these important advances are under threat. The so-called healthcare bill that Republicans pushed out of the House of Representatives would undermine the very programs that help people with opioid addiction. For instance, as the CBO confirmed yesterday, the bill guts Medicaid, cutting the program's budget by more than \$830 bil-

lion over 10 years. These losses are compounded by the additional \$610 billion in cuts to Medicaid proposed in President Trump's budget yesterday. In total, these cuts would amount to close to a 50-percent reduction in the funding for the Medicaid Program, causing at least 14 million people to lose Medicaid coverage over the next decade. Medicaid is the No. 1 payer for behavioral health services in the Nation. It covers both prevention and treatment for people at risk for or actively battling opioid addiction.

For example, Medicaid pays for about one-quarter of medication-assisted treatment for opioid and heroin addictions. Because of the Medicaid expansion, 1.3 million additional people gained access to behavioral health services, which reduced the number of low-income adults needing substance use treatment but not receiving it by 18 percent.

To further undermine coverage, the House bill would also allow States to eliminate essential health benefits. The essential health benefits are 10 key benefits that plans exchanges must offer, including maternity care, prescription drugs, and mental health and substance use disorder services. What we know is that before the ACA was passed, many people with private insurance did not have coverage for the mental health services they needed. One in three did not have coverage for substance use disorder treatment, and close to one in five did not have coverage for mental healthcare.

Now is not the time to be cutting back on those benefits. In fact, last year, the Surgeon General issued a report on addiction, which found that there are more people with substance use disorders than people with cancer. What the CBO score confirmed yesterday was that people who live in States that rollback essential health benefits, who still need the services that are no longer included in the essential health benefits would "experience substantial increases in out-of-pocket spending on health care or would choose to forgo the services."

The report goes on to call out the fact that out-of-pocket costs for these patients could increase by thousands of dollars a year, and the benefits would again be subject to annual and lifetime limits. Substance use disorder services are highlighted as specific benefits that CBO anticipates States will exclude first.

I want to make this clear to my colleagues and to the American people: You cannot say that you want to address our country's opioid epidemic and at the same time support this bill. Those things are in direct opposition to one another. So, to all of my colleagues who supported CARA and supported the 21st Century Cures Act, I urge you to work with us to build on the ACA so that we can effectively address the opioid epidemic ravaging our country.

My colleague on the other side of the aisle, Senator CORKER from Tennessee,

had it right when he remarked on the secret partisan process currently underway in the Senate. Earlier this week he said:

It's a very awkward process, at best. There are no experts. There's no actuaries. . . . Typically, in a hearing, you'd have people coming in and you'd also have the media opining about if a hearing took place, and X came in and made comments.

Senator CORKER is spot-on. The American people deserve an open and transparent discussion on how we can best improve healthcare in our Nation. Many Americans are struggling just to keep their heads above water, paying their bills, raising their kids, caring for their parents, and coping with health problems.

Families in Minnesota and in all of our States have been or are currently being ripped apart by opioid addiction. They need our help. They don't need a bill or a budget, for that matter, that is hastily put together for ideological reasons. They don't need policies that undercut their care and their livelihood.

Ninety-one people die every day in the United States from an opioid overdose. Only one in five people who currently need treatment for opioid use disorders is actually getting it.

American lives hang in the balance. People are counting on us to do the right thing. So let's do it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I am very pleased to join my colleagues, Senator FRANKEN and Senator WARREN, who are also here for this conversation that was kicked off earlier this afternoon by our friend and colleague from West Virginia, Senator MANCHIN.

West Virginia does not have a whole lot in common with Rhode Island. We are a coastal State. Senator MANCHIN comes from a very landlocked mountainous State. Our biggest mountain in Rhode Island is probably the Johnson landfill. But we have something in common, which is the extent to which opioid addiction and opioid overdoses have stricken our State. We have had over 200 deaths per year. In a State our size, everyone is within 2 or 3 degrees of separation of everyone else. Those 200 deaths reverberate through our whole State.

There is a small town in Rhode Island called Burrillville, up in our northwest corner. Burrillville is a very small town in Rhode Island. I went up there for a meeting about the opioid epidemic at Burrillville High School. In the previous quarter, in just 3 months, that one little town had six deaths from opioid overdoses. That is six times that the little police force had to respond, six times the funeral parlors had to handle grieving families, six times that death notices had to be published in the local paper. It felt like a battering to people in that community.

Senator MANCHIN has a pretty good idea to help make sure that we have

the funding to get treatment to people before these tragedies take place. He proposes what he calls the LifeBOAT Act, which is one penny for each milligram of active opioid in a prescription drug—one penny. It is only a penny, but it would have raised about \$2 billion last year. So \$2 billion would save a lot of people and save a lot of lives.

Just to give you some idea of the scale, Purdue Pharma has generated estimated sales of more than \$35 billion since 1995 for opioid medications. It has annual revenues of about \$3 billion, mostly from OxyContin. That is just one company. So the idea of adding a penny really does not seem to me to be asking very much.

The way we operate now in the Senate, I know that asking corporations to do anything seems impossible because they have the financial whip hand over so many Senators because of the unlimited money they are allowed to spend and threaten to spend in our politics. But really, after all the lives that have been lost, after all the lives have been affected, you would expect that just out of common decency this industry would step up and say: For a penny, we are in. So let's hope they come around to that because I think it is a good plan.

TrumpCare, on the other hand, would be a disaster. So many people get their opioid treatment through Medicaid and through the expansion of Medicaid that the Affordable Care Act created. To undo that, to strip \$1.4 trillion, as President Trump has proposed, out of Medicaid is inevitably going to deny people access to care.

I am not the only one saying this. Someone who works in Providence with recovering heroin addicts wrote to me. His name is Travis. He wrote to me about his clients who are receiving medication-assisted treatments. He credits their being able to come in and get the care that they get to the Affordable Care Act. He said that it is the reason he and his colleagues have been able to help recovering addicts enter effective treatment programs. It works.

Travis relates that repealing the Affordable Care Act would have what he calls a profound impact on his clients' ability to get needed addiction and recovery services.

I will turn the floor over to Senator WARREN in a minute, but I want to recognize one other person. I will not use last names. His name is Mark. He wrote to me from Rumford, RI, which is a very nice part of East Providence, RI.

This is a gentleman who became addicted to opiates at the age of 52. He had surgery, and after the surgical procedure, his doctor gave him opiates for the pain. The doctor was somewhat indiscriminate about continuing to prescribe those opioids.

Mark realized that he was addicted. He went to a recovery group in Rhode Island called CODAC, which does very good work for treatment. He went into

recovery, and he succeeded for 8 years without using opioids.

As sometimes happens, family stresses, business stresses, other stresses intervene. In his case, a family stress caused a relapse, but he knew what to do. He went back to CODAC. He became sober again. Now he is back in recovery, clean and sober.

This pattern of recovery and then an occasional relapse and then back to recovery again is very often the way people who have an addiction get through it. To make sure that the treatment is there for them when they relapse can be a lifesaver.

By the way, Mark is a success. He is in the music business. He has toured around the world. The fact that CODAC was there for him on those two occasions has allowed him to achieve that success. Again, this was a 52-year-old individual whom a surgery sent into addiction.

I will close by pointing out that one of the things the CARA bill, which many of us worked so hard on, accomplished was to send the message that addiction is not a moral failing. It is a medical condition. It should be treated as a medical condition. Not only is it not a moral failing, I think many of us who have had family, loved ones, friends, or any experience with folks who are going through recovery—what we have learned is that recovery is actually a noble accomplishment. It is not an easy path, but it is a path that demands deep honesty, deep courage, deep trust, very often love. It is a path that people who are walking it can and should be proud of, and we should be proud of them for their achievements, and we should be there for them in their relapses and make sure the care that will put them back on that path is available.

I yield the floor to my terrific colleague from Massachusetts.

The PRESIDING OFFICER. The Senator from Massachusetts.

HEALTHCARE LEGISLATION

Ms. WARREN. Mr. President, I thank Senator WHITEHOUSE for his important words and all the Senators who have come to the floor this afternoon to talk about the Republican plans to dismantle our healthcare system.

As we speak, Republicans in the Senate are busy behind closed doors working overtime to come up with a secret health plan to ram through the Senate. I guess they are afraid of how the public would react if we could see the full scope of their plans, but in the last 24 hours, we have seen new details about what they want to do. The formula is as clear as it is cruel: destroy healthcare for tens of millions of Americans, including people struggling under the weight of our national opioid crisis. Why? In order to give tax cuts to rich people.

These plans are simply unforgivable, and I say “unforgivable” because I cannot find any justification that makes it