

As the President said last week in Pennsylvania, “we want lower taxes, bigger paychecks, and more jobs for . . . American workers.” He is absolutely right. Lower taxes, bigger paychecks, and more jobs are the things we all ought to want, and they are worth the fight.

Under this administration we are already seeing results. The economy is bouncing back. Unemployment is at a 16-year low. Wages are rising and the stock market is soaring. The slumbering giant, which is the U.S. economy, is now slowly awakening. Our economy reached more than 3.1 percent growth last quarter. Confidence, as the President stressed in Pennsylvania, is back when it comes to our economy and our future, but that confidence will not last long if we let this opportunity pass.

We have to find ways to get companies to stay in America, to expand, and to hire in America. We have to find ways to take the money out of Washington’s pocket and put it back into the pockets of those who earned the money in the first place—American families.

We have to find ways to simplify the Tax Code, which, let’s remember, hits families multiple times each year by taking their earnings, by stealing their time through compliance, and by trying their patience with complexity. Each tax return feels like three.

I find it appalling that a majority of taxpayers are forced to pay someone else to do their taxes for them because they simply don’t have the time or expertise to do it themselves.

The unified framework released a few weeks ago will help. It calls for collapsing seven separate tax brackets down to three. That is what I call simplification. It expands the zero bracket so that if you are a married couple earning less than \$24,000 a year, you will pay zero income taxes. It enhances the child tax credit. It repeals the death tax and special interest tax breaks, and it reduces the uncompetitive corporate tax rate to 20 percent and cuts tax rates for small businesses to the lowest level in more than 80 years. So let’s make this happen before time runs out.

HURRICANE RECOVERY EFFORT

Madam President, the other item I can’t stop thinking about is one that has taken a great toll on my State and our region of the country, and that is Hurricane Harvey, the most extreme rain event in the history of the United States. Literally 50 inches of rain fell in 5 days in the Houston area.

Last week, I saw images of the Texas World Speedway, a racecar track at College Station that is being used as a processing lot. Here is a picture of that.

At its peak, tens of thousands of cars were parked there, awaiting damage assessments by insurance companies. A sea of them had filled the entire speedway, as can be seen on this chart, and it was starting to spill into sur-

rounding areas, too—cars in all directions, as far as the eye could see.

How could Hurricane Harvey damage so many cars? Well, cars these days—the newer ones—are basically computers on wheels, and when they get wet in an extreme flooding event like this, they essentially become a total loss, like these cars at the Texas World Speedway. It is an amazing picture. All the cars there, mind you, represent only a tiny percentage of all the vehicles damaged in the storm. Some of the estimates I have heard are that as high as one-half million personal vehicles were damaged and even totaled.

The speedway is just one of the images that continue to keep me up at night. How are my constituents, these Texans, going to get to work? How are they going to take their kids to school? When will their car and their house be ready so they can live in their home? When will their highways and driveways be fixed? What is being done to ensure that history doesn’t repeat itself when, year after year, many parts of the Harris County-Houston area are flooded because many of the important Corps of Engineer projects have not been started, much less completed, which would have diverted the rain and saved many of these homes and many of these cars.

Last Thursday, the House passed a \$36.5 billion hurricane and wildfire relief bill. The vote sends the measure over to the Senate, and I look forward to debating the supplemental appropriation in the days ahead.

The House’s emergency measure is intended to replenish the Federal Emergency Management Agency’s nearly depleted coffers with \$18.7 billion to the Disaster Relief Fund. If we don’t act soon, I am told, FEMA could run out of money as early as October 23.

The House bill will also address the National Flood Insurance Program by forgiving \$16 billion of its debt and allowing it to pay more claims for property owners in Texas, Florida, Puerto Rico, and the Virgin Islands.

Nevertheless, I must say I am more than a little bit disappointed by this piece of legislation. I share the frustrations of Gov. Greg Abbott and Members of the Houston area congressional delegation, who have pointed out that this bill doesn’t come close to fulfilling the very reasonable requests that have been made to rebuild and recover from Hurricane Harvey. Texas needs more, and the State deserves it, too, after all it has gone through. We are not going to throw up our hands and relent. We are going to keep on pushing.

I appreciate the assurances from Speaker PAUL RYAN and the administration that Texas will get what it needs to rebuild the homes and businesses lost in the hurricane and the funding that it needs to expand bayous and develop critical flood mitigation projects.

Governor Abbott told me the Speaker told him Congress will take up the

State’s recent request as soon as November. I am grateful to him for that promise, but we don’t need any more general statements of support. We are not asking for any more expressions of sympathy. We need specifics and a specific commitment to follow through on Texas’s demonstrated need for assistance.

I predict that the House bill will not move through the Senate until the bill provides the sort of specific commitment we could take to the bank. This isn’t about Hurricane Harvey either. This is about Hurricane Irma and Hurricane Maria.

We cannot afford to wait much longer. The Texas families who have been out of their homes since Hurricane Harvey hit can’t afford to wait much longer. The people who have lost their mode of transportation as a result of this flood and this hurricane can’t afford to wait much longer. The small businesses that have been simply wiped out and who have been denied access to the funds they need in order to restart and rebuild their lives cannot afford to wait much longer.

The clock is ticking, and I will continue to work with the Governor and the rest of the Texas delegation, as well as our friends from Florida and others who were hit by other natural disasters, to make sure that collectively we present our case to the Appropriations Committees and to the Senate. We are not asking to be treated any better than anybody else after a natural disaster like this, but we sure will not accept being treated worse. We are going to work together, on a bipartisan basis, to make sure that is the case.

Let me just close with a few words from my good friend and colleague from Laredo, TX, Representative HENRY CUELLAR. Now, Henry is what they call a Blue Dog Democrat, somebody I have worked with a lot on border issues in particular. He is on the House Appropriations Committee, and he was asked whether the House’s most recent bill was going to be the final appropriation to address the losses as a result of Hurricanes Harvey, Maria, or Irma. “No,” he said emphatically, “we are going to do more,” and he is absolutely right.

I am here to say that speaking as one Senator, I intend to make sure the U.S. Government keeps its commitments to the people in Texas, to the people in Florida, to the people in Puerto Rico, and to the people in the Virgin Islands when it comes to assisting them to recover from this terrible natural disaster.

We are not going to continue to take the promises of the Office of Management and Budget or the administration or our friends in the leadership in the House, for that matter, that we are going to get to this later. There is an expression in my part of the country that when somebody asks you when are you going to do something, the response is manana—tomorrow. To every question of when, it is manana.

We demand that this problem be dealt with on a timely basis, and we are going to keep the feet to the fire of the administration and our friends in the House to make sure they follow up on their commitments to deal with the victims of Hurricanes Harvey, Irma, and Maria.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Madam President, I ask unanimous consent that the Senator from Florida be granted the floor as soon as I finish.

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

ENSURING PATIENT ACCESS AND EFFECTIVE DRUG ENFORCEMENT ACT

Mr. HATCH. Madam President, over the weekend, the Washington Post ran an article about a piece of legislation I helped negotiate last Congress. It was entitled the “Ensuring Patient Access and Effective Drug Enforcement Act” and was intended to encourage greater collaboration between DEA and the regulated community in the fight against opioid abuse. The Post article was sharply critical of this legislation, suggesting that it effectively gutted DEA’s ability to do its job. It also suggested the pharmaceutical industry put one over on Congress. I rise to set the record straight on these allegations and to provide a fuller account of how this legislation passed the Senate and became law.

First, some background. The Controlled Substances Act requires drug distributors to obtain a “registration” from DEA in order to distribute controlled substances, including prescription drugs. The act further authorizes DEA to suspend a distributor’s registration in certain circumstances, such as where a distributor has been convicted of a crime involving controlled substances or had a State license suspended. Before suspending a registration, DEA must issue a show cause order directing the distributor to explain why its registration should not be suspended. A court then decides whether DEA has met its burden to suspend the registration.

The Controlled Substances Act empowers DEA to bypass this standard suspension process in cases where DEA determines there is “an imminent danger to the public health or safety.” In such cases, DEA can issue an immediate suspension order that immediately and without court process terminates the distributor’s ability to distribute prescription drugs. Prior to last Congress, the Controlled Substances Act did not define what constitutes an imminent danger to the public health or safety. This left DEA’s ability to immediately suspend a party’s ability to distribute prescription drugs essentially unfettered. Such unfettered discretion concerned the patient advocacy and drug manufacturing community because an immediate suspension order cuts off all drugs from a distributor, including those intended for legitimate

users. A balance is needed to ensure that individuals who need prescription drugs for treatment receive them but that such drugs are not diverted for improper purposes.

So the bill I helped negotiate last Congress, for the first time, defined what constitutes an imminent danger to the public health or safety. In doing so, it created a standard for when DEA may suspend a party’s registration to distribute prescription drugs without any prior court process, and that standard is that there must be a “substantial likelihood of an immediate threat” that death, serious bodily harm, or abuse of a controlled substance will occur in the absence of an immediate suspension.

In both committee and floor statements, I made clear that this standard is intended to cover situations where evidence of diversion indicates there is a substantial likelihood that abuse of a controlled substance or of any controlled substances will occur.

The Washington Post article glosses over much of this background. It does not explain that the immediate suspension order is intended to be an extraordinary measure. It does not explain that prior to the bill, DEA had basically carte blanche authority to impose this measure. It does not explain the DEA has other enforcement tools available, including show cause orders which are supposed to be the agency’s standard operating procedure. Equally problematic, the article barely even mentions the patient advocacy concerns that motivated the bill to begin with.

I want to quote from a letter that a coalition of patient and health advocacy groups sent to Congress in support of the legislation:

Federal agencies, law enforcement, pharmaceutical industry participants and prescribers each play a role in working diligently to prevent drug abuse and diversion. However, it is also imperative that legitimate patients are able to obtain their prescriptions without disruption. Your legislation addresses both goals by fostering greater collaboration, communication and transparency between industry stakeholders and regulators, leading to more effective efforts to combat abuse while protecting patients.

The letter was signed by, among others, the American Academy of Pain Management, the Fibromyalgia & Chronic Pain Support Network, and the Drug Free America Foundation.

Madam President, I ask unanimous consent that the letter be printed in the RECORD.

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

MARCH 4, 2015.

Hon. ORRIN HATCH,
U.S. Senate,
Washington, DC.

Hon. SHELDON WHITEHOUSE,
U.S. Senate,
Washington, DC.

DEAR SENATORS HATCH AND WHITEHOUSE: On behalf of the patient and health professional groups listed below we would like to express our support for the Ensuring Patient

Access and Effective Drug Enforcement Act of 2015 (S. 483). We appreciate your leadership and commitment to combating the inappropriate use of prescription medicines. Your legislation will help improve the balance between effective enforcement against prescription drug diversion and abuse, while ensuring patients who are appropriately prescribed medications continue to have access to their treatments.

As patient advocacy and health professional organizations, we are committed to combating illegal use of prescription drugs. Millions of Americans depend on prescription drugs to treat and cure illness, alleviate pain, and improve quality of life, yet prescription drug abuse remains a persistent problem that requires collaboration from all those with a stake in improving patient care and protecting against abuse. In considering the burden on patients, it is important to remember that the vast majority of patients who use prescription drugs do so legitimately to address a variety of health issues. Efforts to prevent drug abuse should also consider legitimate users so that actions do not impede patient access or lessen the effectiveness of patient care.

Federal agencies, law enforcement, pharmaceutical industry participants and prescribers each play a role in working diligently to prevent drug abuse and diversion. However, it is also imperative that legitimate patients are able to obtain their prescriptions without disruption. Your legislation addresses both goals by fostering greater collaboration, communication and transparency between industry stakeholders and regulators, leading to more effective efforts to combat abuse while protecting patients. We commend you for including a report to congress, which will illuminate the issue and ultimately benefit patient care. Including patient advocacy groups in the process will ensure those involved in patient care will be able to identify challenges and will emphasize appropriate and workable policy approaches to preventing diversion and abuse of controlled substances.

We commend you for your leadership on this important issue.

Sincerely,

Alliance for Patient Access; American Academy of Pain Management; American Pharmacists Association; American Society of Consultant Pharmacists; American Society for Pain Management Nursing; Center for Lawful Access and Abuse Deterrence; Drug Free America Foundation, Inc.; Fibro Warriors Living Life; Fibro Friends of Tennessee; Fibromyalgia & Chronic Pain Support Network; Fibromyalgia-ME/CFS Support Center, Inc.; Florida Fibromyalgia & Chronic Pain Network.

Hematology/Oncology Pharmacy Association; Interstitial Cystitis Association; Kentuckiana Fibromyalgia Support Group; Lake Oswego Health Center; National Association of Chain Drug Stores; National Community Pharmacists Association; National Fibromyalgia & Chronic Pain Association; The Pain Community; Pain Connection-Chronic Pain Outreach Center, Inc.; Project Lazarus; Richmond Fibromyalgia & Chronic Pain Association; Save Our Society From Drugs; U.S. Pain Foundation; Virginia Fibromyalgia & Chronic Pain Support Group.

Mr. HATCH. Madam President, the Washington Post article discusses virtually none of this. Rather, it baldly asserts that Congress cut out DEA’s legs from underneath it through a sinister conspiracy of deep-pocketed drug companies and their cunning allies in Congress. Nothing could be further from the truth.