

connect multiple people on the go, giving them a common operation picture right on their handheld phone. It currently has 40,000 Department of Defense users and 32,000 non-Federal users. The winners from Rome Lab created an easy access portal that allows the government to provide ATAK to citizens, enabling better communication and information sharing.

This technology transfer benefits Rome Lab, its mission, the government, and all users. A great example of how ATAK was extraordinarily beneficial was during the 2017 hurricanes. Because of Rome Lab's work, civilian, State, and military teams were able to communicate to rescue people and save lives.

Mr. Speaker, I would like to congratulate this group of brilliant young people and thank them for continuing to make the Air Force Research Lab, otherwise known as Rome Lab, a world leader in advanced technology.

CAPITOL HILL COMMEMORATION OF THE ARMENIAN GENOCIDE

(Mr. SMITH of New Jersey asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of New Jersey. Mr. Speaker, next week, on April 24, we will mark the 103rd anniversary of the infamous Armenian genocide. The date of the commemoration marks the anniversary of Red Sunday, the night when the Ottoman Empire Government gave the order to arrest and intern approximately 250 Armenian intellectuals in Istanbul.

Less than 2 months after Red Sunday, the end of May 1915, the government enacted legislation that unleashed unspeakable widespread government-organized evictions, massacres, and deportations. As many as 1.5 million people perished. It was about the annihilation of the Armenian people.

In September of 2000, I held the first-ever hearing on the Armenian genocide here in Congress. Three years ago this month, I chaired another hearing on the 100th anniversary.

At the time, I noted that the Armenian genocide is the only one of the genocides of the 20th century in which the nation that was decimated by genocide has been subjected to ongoing outrage of a massive campaign of genocidal denial, openly sustained by state authority—that would be the Turkish Government. That has to change, and this horrible, horrible genocide needs to be recognized by our government for what it was.

OPIOID EPIDEMIC

The SPEAKER pro tempore (Mr. GARRETT). Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes as the designee of the majority leader.

Mr. BURGESS. Mr. Speaker, the opioid epidemic has swept across the country impacting millions of Americans who lost loved ones to this preventable crisis. No community is immune.

Just as the President of the United States has said, this is, in fact, the crisis next door.

This is even more true in neighborhoods in north Texas where we are all too familiar with this fatal epidemic.

Overdose deaths from opioids have increased more than five times in the last 30 years, and it is estimated that more than 115 Americans die each and every day from opiate-related overdoses. There is no question that we must act to stop this crisis.

To that end, I am very grateful to the members of my committee, the Committee on Energy and Commerce. I am grateful to the chairman of the committee for participating in this hour.

Mr. Speaker, I yield to the gentleman from Oregon (Mr. WALDEN), who is the chairman of the Energy and Commerce Committee.

Mr. WALDEN. Mr. Speaker, I thank Dr. BURGESS and appreciate his leadership on this issue and the hard work he and his members on both sides of the aisle have done on the Subcommittee on Health in the Energy and Commerce Committee.

As we all know, the opioid crisis is wreaking havoc and death on our Nation. It is striking at the heart of communities from one side of the country to the other. On any given day, you can browse the headlines to learn of yet another life lost to addiction or about a raid that seized overwhelming quantities of prescription painkillers or illicit drugs.

At roundtables throughout my district in Oregon over the last few years, I have met with those victims. I have met with their families. I have talked to doctors and treatment advocates. I have met with law enforcement officers on the front lines of this fight. Sadly, their stories are all too similar and all too familiar, but they put the names and faces to this crisis that has touched every community in our country.

We are here tonight because this crisis is having a devastating impact on each of our districts and the people who live in them. No community is exempt from the scourge of addiction. Nobody is immune from the dangers of powerful drugs. The crisis has taken a hold on the very fabric of our Nation, and we must do everything we can to stem the tide of addiction, to help those who are addicted, and to stop the deaths and destruction that follow the abuse of opiates.

Earlier this week, I visited the Prescribed to Death opioid memorial that was stationed at the White House Ellipse. I was able to see the individual faces of Americans who lost their own battles with opioid addiction etched into the 22,000 pills on display. There was one for each fatal overdose in 2015.

□ 1830

It is a daunting visual. It was made only more poignant by the knowledge that those numbers have only continued to climb.

More than 100 Americans die from opioid overdoses every single day, claiming the lives of more than 42,000 Americans who died in 2016 alone. That same year, we lost 506 Oregonians from opioid overdoses.

The committee—in particular, the Energy and Commerce Committee and your subcommittee, Mr. Chairman—has a long history of working to combat this evolving epidemic, from launching our earliest investigations in 2012 to advancing bipartisan legislation like the Comprehensive Addiction and Recovery Act, CARA, and the 21st Century Cures Act.

Most recently, we included critical funding to aid in the fight in the recent government spending bill that President Trump signed into law. This legislation included a record amount of resources to combat the crisis, providing billions of dollars to communities across America to tackle one of the biggest public health problems in a generation. But we know that more can and must be done.

Now, the good news is that combating the opioid crisis is our committee's top priority. It is why we have reviewed literally dozens and dozens and dozens of comprehensive, bold, and bipartisan pieces of legislation. In total, these bills will bolster our enforcement efforts, will protect our communities, will advance our public health and prevention efforts, and will address coverage and payment issues within Medicaid and Medicare.

Tomorrow at the Energy and Commerce Committee, we will hear the personal stories from families affected by the drug crisis and individuals who are battling addiction. Then, next week, the Energy and Commerce Committee will mark these bills up in our Health Subcommittee. It is an important step forward to keep us on track in our goal of having legislation to this House floor ahead of the Memorial Day district work period.

We know that there is no silver bullet, there is no one-size-fits-all approach that will remedy the catastrophic effects of this crisis that has been building for the last decade, but much more can be done. We will do much more, and we will do it on a bipartisan basis, to help vulnerable patients get the treatment they want and need, remembering there are some 20 million Americans with chronic pain. And we will ensure these powerful drugs are not getting into the wrong hands.

As I conclude, I think it is important to point out that, if people want more information, they can go to energycommerce.house.gov/opioids and see the testimony that we have received and the work that we are engaged in to rid this country of this terrible scourge and make our communities safer again.

Mr. BURGESS. Mr. Speaker, I thank the chairman of the full committee for his participation in this hour tonight.

The chairman is correct; our committee has a history of working in a bipartisan fashion. This, obviously, is an illness that can strike regardless of political party or political persuasion; and in the interest of that theme, I am happy to yield to the gentleman from Texas (Mr. GENE GREEN), my counterpart, the ranking member on the Democratic side of the dais in the Energy and Commerce Committee and the Health Subcommittee.

Mr. GENE GREEN of Texas. Mr. Speaker, I thank the chair of our Health Subcommittee for organizing this Special Order tonight because it is so important to our country.

Mr. Speaker, I rise to bring attention to the countless Americans suffering from opioid addiction in Houston and Harris County, Texas, whom I represent, and throughout our great country. I call on Congress and the Trump administration to take immediate action to help our fellow Americans in need.

The Department of Health and Human Services estimates that over 2 million Americans suffer from opioid use disorder and millions more misuse their legally prescribed opioids. Most troubling are the 42,000 Americans who died from opioid-related overdoses in 2016 alone, including over 2,800 victims of opioid addiction in Texas.

The economic burden of prescription opioid misuse in our country is estimated to cost over \$78 billion a year, including the cost of healthcare, lost productivity, addiction treatment, and the criminal justice system. We must do more to turn the tide against the opioid epidemic and give Americans the tools to overcome addiction and rebuild their lives.

In the past 2 years, Congress has made a concerted effort to help Americans and prevent abuse from happening in the first place. In 2016, the Committee on Energy and Commerce wrote and passed the Comprehensive Addiction and Recovery Act, or CARA, the first major Federal addiction legislation in 40 years, the most comprehensive effort to address the opioid crisis.

I supported CARA when it was considered by our committee and am proud of our results, a law that provides over \$180 million annually to our State and local partners to help support prevention, recovery, overdose reversal, law enforcement, and criminal justice reform.

The Health Subcommittee, on which I am proud to serve as ranking member, is currently holding a series of hearings on opioids. Last month, I introduced, with Congressman BRETT GUTHRIE of Kentucky, the Comprehensive Opioid Recovery Centers Act, H.R. 5237. This legislation would fund designated treatment centers where individuals will receive comprehensive, patient-centered care for opioid addiction and other substance abuse disorders. It

is our intention to build model practices for treatment and recovery that can be duplicated nationwide.

I am also working on legislation that would clarify the Food and Drug Administration authority to consider potential for misuse and abuse when assessing risks and benefits of controlled substances for approval. Our expert agencies must have clear authority to consider the potential harm of medical therapies and protect Americans if the harm outweighs the benefits.

Federal programs like Medicaid, Medicare, and coverage through the Affordable Care Act are critical in ensuring Americans struggling with opioid abuse have access to treatment and recovery. The Kaiser Family Foundation reported in February that nearly 4 in 10 adults under the age of 65 with an opioid addiction received their coverage through Medicaid. Any honest effort by Congress to address the opioid epidemic must include measures to stabilize and strengthen health exchanges and make coverage accessible for Americans who currently do not have health insurance, including the 3 million Americans who lost their insurance last year.

I ask for the Energy and Commerce Committee to come together and agree on a package of bills that will affirmatively help Americans struggling with opioid abuse and prevent abuse from happening. The American people deserve nothing less.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for his participation this evening.

Again, the problem is not likely to be solved by one political party or the other. It is going to require a collaborative approach. Opioid abuse can happen by access to dangerous drugs in a family member's medicine cabinet or by obtaining them illegally. The fight against this crisis is indeed a team effort, and we must evaluate it from all angles.

We must consider how opiate medications are produced and distributed, and we must look at how agencies track and respond to distribution discrepancies. We are required to take a hard look at how the medications are prescribed and dispensed, while addressing the disposal of unused medication. We need to look at the treatment for those who suffer from addictions and the future of pain medications.

It is also imperative that we address the access and enforcement of illicit drugs. We must work to stop the unfettered distribution of harmful drugs that flow into this country from outside our borders.

Earlier this year, I joined the Commissioner of the Food and Drug Administration, Dr. Scott Gottlieb, in visiting the international mail facility at John F. Kennedy Airport in New York. This facility is one of nine in our country and acts as a barrier for these illicit and dangerous drugs being sent to America through the international mail. The Food and Drug Administra-

tion and the United States Customs and Border Patrol, together, work to identify and destroy dangerous substances hidden in pieces of mail, but more authority is needed to provide these agencies with tools to swiftly act and act more efficiently.

There are millions of suspicious packages full of illicit drugs and other contraband crossing our borders. Sometimes the FDA is powerless in its ability to destroy these harmful and illicit substances, sometimes they are required to send them back to the sender, and sometimes they will see a package recycled and brought back into this country for yet another try. That, Mr. Speaker, must end.

Now, as chairman of the Subcommittee on Health, I have already held three hearings and considered a total of 67 related opiate bills. Last October, we opened the doors of the subcommittee to any Member, not just of the subcommittee, not just of the full committee, but any Member of Congress who wanted to come and talk to us about problems they have seen in their district related to opiates, solutions that they may be considering or people in their communities might have asked them to consider.

We heard from well over 50 Members of Congress that day, and as a consequence of that Member involvement, we have distilled these 67 pieces of legislation. We have had three legislative hearings. We have heard from key members of the administration. We have heard from stakeholders who are at the forefront of our efforts to stem this epidemic.

We have evaluated this crisis from all fronts, from public health and prevention and intervention, law enforcement, education and recovery, and then finally, lastly, looking at the Medicaid and Medicare programs and the role that they may play. It is evident that this is a multifaceted problem and will require an all-hands-on-deck approach.

As a physician, I also understand and respect the importance of successfully treating and managing patients with chronic pain. One of the reasons that most of us went into the practice of medicine was to be of service. One of the highest callings is to ask to be worthy to serve the suffering. Opiates are an essential tool. We must respect the fatal and addictive properties that opiates possess, while also understanding the vital role that these medications play in the lives of individuals who are suffering from serious or chronic illness, such as cancer.

As we evaluate this complex issue, we must strike the right balance between necessary enforcement and patient safety. Unfortunately, there is no easy answer and there is no single party to blame.

We also know that Congress cannot fight this battle alone. We must all work to strengthen our commitment to overcome this scourge. With an average of more than 100 Americans dying

every day from opiate overdoses, we must be willing to ask hard questions and consider solutions.

At this time, I am pleased to yield to the gentleman from Mississippi (Mr. HARPER), who is a member of the Health Subcommittee and also the chairman of the Energy Subcommittee on Oversight and Investigations and has led a number of our efforts in trying to control the opiate crisis.

Mr. HARPER, thank you for joining us tonight.

Mr. HARPER. Mr. Speaker, I thank the gentleman for organizing this time on the floor today to focus on the opioid crisis in our country.

For many years, telehealth has been a priority for me as a critical way to deliver healthcare services to patients across the country. Through my work as chairman of the Subcommittee on Oversight and Investigations, I now view telehealth as an important part of the solution to the opioid crisis, as it increases patient access to needed treatments and improves outcomes through the availability of better healthcare services to more patients.

Congresswoman MATSUI of California and I have been working on drafting a bill to increase access to substance use treatment through the use of telehealth in community mental health centers. Each year, 64,000 Americans die from overdose. In rural, underserved States like my home State of Mississippi, this threat is especially concerning, as patients often lack access to addiction and psychiatric healthcare providers equipped to provide needed treatments.

The concerns are great; therefore, Congresswoman MATSUI and I have been working to draft legislation that would enable local facilities to register with the Drug Enforcement Administration and be able to use telemedicine to prescribe appropriate treatments for patients in need.

Mississippi has been recognized as a leader in using telehealth to reach patients who otherwise would not have access to care. The University of Mississippi Medical Center's Center for Telehealth was selected as a national Telehealth Center of Excellence by the U.S. Department of Health and Human Services to innovate and test new delivery models for telehealth.

With leaders like the University of Mississippi Medical Center working to maximize available resources and provide care via telehealth, I believe that this technology offers a promising solution to combating the opioid crisis in our country. I look forward to continuing to work with my colleagues on the Energy and Commerce Committee to advance these efforts.

Mr. Speaker, I thank Chairman WALDEN and Chairman BURGESS—and many others, of course—for their dedication to this issue. I appreciate the opportunity to speak.

Mr. BURGESS. Mr. Speaker, I thank the gentleman from Mississippi for participating in our Special Order tonight.

I thank him for his leadership in the Subcommittee on Oversight and Investigations and the work that he has done to help control this crisis.

I now yield to the gentleman from Kentucky (Mr. GUTHRIE), vice chairman of the Health Subcommittee, for his observations.

□ 1845

Mr. GUTHRIE. Mr. Speaker, I thank the chairman of the subcommittee for organizing this event.

On behalf of the 1,419 Kentuckians who died of an opioid overdose in 2016, and the countless more who are currently suffering from opioid addiction, I rise today in support of legislation to combat our Nation's opioid epidemic.

Everywhere I go in Kentucky's Second District, I hear from people who have felt the impact of the opioid crisis. The range of people falling victim to opioid use disorder is vast—from babies born with opioid withdrawal, to adults of all ages and backgrounds, even students, brothers and sisters, moms and dads. It doesn't matter if someone becomes addicted to opioids after they have sprained an ankle or following major surgery—anyone who has been prescribed opioid painkillers could be at risk, and we need to find a way to help the thousands of people who have, in fact, become addicted.

I recently introduced two pieces of legislation to combat our widespread opioid crisis. The first is the Comprehensive Opioid Recovery Centers Act of 2018. I was proud to introduce this bipartisan bill with the Health Subcommittee ranking member, the gentleman from Texas (Mr. GENE GREEN), the gentleman from Indiana (Mr. BUCSHON), and the gentleman from New Mexico (Mr. BEN RAY LUJÁN).

This bill addresses the current lack of comprehensive treatment options available to opioid use disorder patients. Currently, there is a wide range of treatment options from faith-based abstinence programs to FDA-approved medications, but not everyone has access to the specific treatments they need.

Patients usually seek treatment from a facility convenient to them in their own community or from a facility that is covered by their insurance. However, most facilities only offer a single type of treatment, which may or may not work for each individual patient. The Comprehensive Opioid Recovery Centers Act would provide grant money to help create treatment centers where every FDA-approved option is available to each patient.

These centers would also include intake services and help with reentering the community and provide data to the Department of Health and Human Services so that other treatment centers can learn and apply best practices to provide more patients with comprehensive care.

I also introduced the bipartisan Maternal Opioid Treatment, Health, Education, and Recovery Act, known as

the MOTHER Act, with Congressman BEN RAY LUJÁN. Opioid addiction is a serious risk to anyone's health, but it can even be more harmful and life-threatening for a pregnant woman and her child. This bill would help healthcare providers better treat pregnant women with opioid use disorder as well as babies who are born experiencing opioid withdrawal.

The MOTHER Act increases education about neonatal abstinence syndrome, which sadly affects babies whose mothers suffer from opioid use disorder, and the bill also provides resources for pregnant mothers and caregivers. It highlights the need for responsible pain management for expectant mothers.

Our Nation is in the middle of combating a serious opioid epidemic, and all of us on both sides of the aisle can agree on the need to act with urgency on all fronts. I was proud to join with my Democratic colleagues to introduce two bipartisan bills that would address important aspects of the opioid crisis. I urge my colleagues to support the Comprehensive Opioid Recovery Centers Act and the MOTHER Act. I thank the subcommittee chairman for organizing this.

Mr. BURGESS. Mr. Speaker, I thank the gentleman from Kentucky for his participation this evening.

Mr. Speaker, I yield to the gentleman from West Virginia (Mr. MCKINLEY), the vice chairman of the Environment Subcommittee.

Mr. MCKINLEY. Mr. Speaker, I thank Chairman BURGESS for organizing this Special Order event.

Mr. Speaker, the United States represents only 5 percent of the global population, yet we consume over 80 percent of the opioids produced around the world. Shouldn't that have raised a red flag?

Since 2011, our office has conducted over 50 roundtable meetings with doctors, pharmacists, nurses, and law enforcement, listening and learning from professionals how we could best address this problem.

Congress has acted. As you heard a minute ago, the 21st Century Cures Act and CARA were good first steps, but it is evident that more work needs to be done.

Last month, under President Trump and the Republican Congress leadership, we secured an additional \$4 billion in funding, the largest investment ever in this crisis. We have made progress in other areas. In the book, "American Pain" by John Temple, he cites an ever-increasing production quota as a contributing factor to this drug opioid abuse. Even as it became clear that the opioid abuse was a growing problem, our producers in pharmaceuticals were producing more and more pain medicine. Fortunately, yesterday, the DEA, under the leadership of President Trump, announced that they would finally begin limiting the number of pills being produced.

I also had the honor of working with the White House on the Opioid Task

Force; and thanks to Chairman WALDEN, the Energy and Commerce Committee has made fighting the opioid crisis a top priority. You heard his comments when he said that.

Our committee has been crafting another comprehensive opioid package aimed at treatment, prevention, education, and enforcement. Over the past few weeks, the committee has reviewed numerous bills, and I am proud to say—and I thank Chairman BURGESS—that two of those bills are pieces that our office has crafted.

Now, as for the role of pharmacies. Currently, each State maintains its own database on prescriptions, but that information isn't always typically shared with neighboring States. So the committee is taking under consideration a nationwide prescription drug monitoring program, which would prevent people from abusing the system by filling their prescription in multiple States.

Congress needs to shut down these illicit, illegal pharmaceutical drug sales on social media, just as the Commissioner of the FDA made a strong recommendation just 2 weeks ago.

And, lastly, it is time to tighten our border security to stop the flow of drugs into our country. Hancock County, West Virginia Sheriff Ralph Fletcher has made it clear that the spike in heroin overdoses is directly attributable to this poison pouring across our southern border from Mexico.

And as MIKE BURGESS just noted a minute ago, the postal service system needs to be enhancing their monitoring program to halt this importation of fentanyl from China.

But through all this, shouldn't we be exploring the root cause of why people are turning to dangerous drugs? West Virginia, unfortunately, leads the Nation in virtually every statistic when it comes to opioids. Some have attributed it to our State's high unemployment, low household income, and low education levels.

But who is second? Until last year, New Hampshire was second. They have the highest level of employment. They have one of the highest levels of household income and one of the highest levels of degree of household education. So, clearly, it is simply not a socioeconomic issue. Something else is driving this epidemic, and we need to get to the root cause of it. There is plenty of blame to go around, and we need to hold people accountable.

Our committee has been accomplishing this through an investigation of the pill dumping that has occurred in West Virginia. On May 8, as you heard a minute ago, we are going to be holding another hearing with our CEOs from the Nation's largest drug distributors who have been shipping tens of millions of pills into small communities across West Virginia. What we hope to learn is why. Why would you dump millions of pills into small rural communities? Have you no shame?

Look, this is a multifaceted problem. While there is still a lot more work to

be done, Congress has been taking a number of steps to eradicate this scourge of the opioid epidemic.

Mr. BURGESS. Mr. Speaker, I thank the gentleman from West Virginia for his comments.

Mr. Speaker, now I am pleased to yield to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Mr. Speaker, I thank the chairman for his good work in organizing this Special Order this evening.

The tragic opioid epidemic has, unfortunately, become a major part of our national conversation, and that is what brings us here tonight, to raise awareness and continue our push for bipartisan solutions.

I am grateful for Chairman WALDEN's and Chairman BURGESS' leadership and the work of my colleagues on the Energy and Commerce Committee doing a lot of work to tackle this public health crisis head on.

Too many Americans from all walks of life and from all parts of the country are facing the terrifying realities of the opioid crisis. It is a deeply personal and painful issue for many of our friends and loved ones.

I recently held a number of community forums in my district to collaborate with local leaders and hear from families whose lives had been swept up by the opioid epidemic. At one of those events, I joined with my good friend, a very successful electrical contractor, Mike Hirst, to speak with students at Jackson High School about the dangers of drug addiction.

In 2010, Mike's son, Andy, died of a heroin overdose at the age of 24. This tragic loss has led Mike to dedicate himself to sharing the experience of his son's death and helping educate the community. Mike started a foundation in honor of his son and called it Andy's Angels, where he has counseled addicts, supported families, mentored at-risk youth, and more. People like Mike are making a real difference, and I am committed to ensuring that the Federal Government is a strong partner in this fight.

Thanks to this committee's leadership, we took significant strides last Congress with the 21st Century Cures Act and the Comprehensive Addiction and Recovery Act, but we need to redouble our efforts.

One example is Jessie's Law, which is a bipartisan bill I introduced along with my friend and colleague, Congresswoman DEBBIE DINGELL. It is named after Jessie Grubb, who tragically died of an opioid overdose in Michigan in 2016.

Jessie was a recovering addict doing very well, who was unknowingly discharged after a surgery from the hospital with a prescription for oxycodone that ultimately led to her death. It is a heartbreaking and entirely preventable story, and it is why we need to pass Jessie's Law so medical professionals are equipped to safely treat their patients, prevent overdose tragedies, and ultimately save lives.

I am working with Congresswoman DINGELL as well on another bipartisan bill, the Safe Disposal of Unused Medication Act. Our legislation will help prevent the misuse or diversion of unused medications by equipping hospice professionals with the legal authority to safely dispose of unused drugs after a hospice patient's death. Many patients receiving hospice care need painkillers to help with end-of-life pain, but any leftover medications can, unfortunately, end up in the wrong hands, and we need to stop that from happening.

The committee has made addressing the opioid epidemic a top priority, and these are just two of many legislative solutions that we will hear tonight. This is an urgent crisis, and I stand ready to continue working together to advance a bipartisan and comprehensive response, and I thank the leadership for taking this on. There is not a moment to waste.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for his participation this evening. He brings some valuable insights, and I am always grateful to hear his perspective from the State of Michigan.

I now go way out West to California. Mr. Speaker, I yield to the gentleman from California (Mrs. MIMI WALTERS) for her thoughts on the crisis.

Mrs. MIMI WALTERS of California. Mr. Speaker, I rise today to join my colleagues in our effort to raise awareness for the growing opioid epidemic in America, particularly in the State of California.

In 2016, nearly 5,000 Californians died of opioid overdoses. Astonishingly, the year before, 122 million prescription opioid pills were dispensed in Orange County.

Mr. Speaker, we cannot allow this cycle of opioid abuse and death to continue, which is why Congress must work together to end the epidemic.

I proudly supported recently enacted legislation that provides \$4 billion of prevention, treatment, and law enforcement programs that help address this growing crisis.

Ending the opioid epidemic starts at home. On April 28, National Prescription Drug Take Back Day gives Americans the opportunity to safely dispose of their excess prescription drugs, including opioids. This effort can reduce the possibility that these pills will find their way onto our streets.

There is still work to be done, but I am confident that together we can end the opioid crisis in this country.

Mr. BURGESS. Mr. Speaker, I thank the gentlewoman for her participation in this evening's Special Order hour.

Mr. Speaker, it is now my great privilege to yield to the gentleman from Virginia (Mr. GRIFFITH), the vice chairman of the Subcommittee on Oversight and Investigations in the Energy and Commerce Committee, certainly one of the most thoughtful Members of this body.

□ 1900

Mr. GRIFFITH. Mr. Speaker, I appreciate all of the work that Chairman BURGESS has done on this issue. It is important that he has highlighted it and made it one of the priorities of our committee—not only our subcommittee, but our full committee.

Earlier this evening, we heard from Representatives from Kentucky and from West Virginia. When you look at the map, you will see that my congressional district, the Ninth District of Virginia, touches West Virginia, touches Kentucky, and touches North Carolina. What this means to all of us is this—and it touches Tennessee, of course. It means that, if you really worked at it, in my district, you could get to various doctors and various pharmacists in just a couple of days.

In that small corner of Virginia, you can travel into other States. You can hit five States in a single day. This is why I have been working on some language for prescription drug monitoring, where the States will be encouraged to work together to try to make sure that we are sharing information. All of the States—or most of the States now—have such a program, but they don't always have the language down the same way.

What we have to do as one of a dozen, two dozen, or three dozen things that we are looking at in trying to help resolve this opioid crisis is that we need to make sure that we have people looking at it and making sure that those folks who are addicted and are trying to get prescriptions from different doctors and using different pharmacies are not able to do so, to make sure that our programs are working together. It is very important that we continue to work.

While I say that it is important, Mr. Speaker, I appreciate so much that Chairman BURGESS is holding a roundtable tomorrow as part of our Health Subcommittee that will be bipartisan, where we are bringing in families from around the country who have suffered a loss, who have a loved one who has died. And while we are not taking any votes on the floor tomorrow, the Health Subcommittee will be meeting because this is just too important to leave Washington without hearing from these important voices, from these people who can bring to us real-life stories.

We have all heard them in our communities. We have all probably had family members who have been touched by it. But to hear from these families tomorrow, I think, is going to be very special and very poignant, and I appreciate it. I think that we all have something that we can learn.

And then, Mr. Speaker, I would like to talk about pill dumping, because we do have to take a look. We have a hearing coming up with some of the pharmacies that manufacture these opioids.

But we know that in West Virginia, they were dropping millions of pills into communities there—into

Williamson, into Kermit, and into Mount Gay-Shamrock. As a result of that, those drugs not only went into West Virginia, but some of those pharmacies that were shut down eventually by the DEA were just a few miles—32 miles, 34 miles—from my district and from districts in Kentucky.

We need to find out: Why were they allowing this to happen? Why were they perhaps encouraging it to happen? We don't know the answers yet, but we are going to have a hearing on that. The Oversight and Investigations Subcommittee is looking into that matter, as well, and has already got lots of information.

We are looking at what was going on in the DEA and why they didn't use their power of an immediate suspension order. When they had the authority to do so, Mr. Speaker, it was shocking to discover that they chose, instead, to come up with a trial standard.

As opposed to a standard to stop something bad from happening immediately, they chose to have a trial standard, to have all the proof already wrapped up with a nice bow on it. As a part of that, we ended up with a lot of drug stores that continue to use a cash business for operating. Even though the DEA knew there were problems, they wanted to have expert witnesses come in in advance.

This is not acceptable. We are working with the DEA to stop that procedure and to make sure that, if there are any changes in the law that are necessary to give them more tools, they can shut down somebody quickly when they see a pattern of abuse.

Mr. Speaker, the Energy and Commerce Committee is working hard on all of these issues, and, particularly, we are working to make sure that we give the various agencies and the States the authority to help shut down this horrible, treacherous, and dangerous opioid crisis in these United States.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for his participation.

As the gentleman was talking about, the fact that in his State and the surrounding States it is possible that, if there is not collaboration between State prescription monitoring programs, a doctor or a pharmacist would never know what other prescriptions might have been written for a patient.

Our committee actually has a history of working on this. Charlie Norwood, a Member of Congress from Georgia, 15 years ago came up with the National All Schedules Prescription Electronic Reporting Act, or NASPER. We have authorized NASPER several times. I am happy to say that, this year, in the omnibus bill, there actually was funding, for the first time, provided for the NASPER program. It is just a beginning.

Clearly, the need for this national reporting program is so critical. In a State like Texas, we are huge, where we don't even think about other States in Texas. But the crossing of State

lines with this information can be extremely powerful and, in fact, it can be lifesaving.

Mr. Speaker, I thank the gentleman for bringing that up, and I thank him for the work that he is doing on the Oversight and Investigations Subcommittee, and I thank him for the work he is doing on the prevention of pill dumping.

Mr. Speaker, the fact that the opioid crisis is devastating our country and undermining our social structures and eroding our economic productivity is, every day, more and more tragic. But the good news, Mr. Speaker, is the current trends can be reversed. We are building on years of previous bipartisan efforts. We all know that our action is important to the families, to the communities, to our constituents, and to the patients impacted by the opioid epidemic.

Mr. Speaker, I yield back the balance of my time.

TAX DAY

The SPEAKER pro tempore (Mr. MAST). Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Georgia (Mr. WOODALL) for 30 minutes.

Mr. WOODALL. Mr. Speaker, I rise, unexpectedly, on tax day. You probably woke up on Monday morning this week thinking Tuesday was going to be tax day, as most of America did, but, lo and behold, when the IRS' payment system crashes, suddenly we are now deeming today tax day rather than yesterday. While it is a surprise to be speaking on tax day, that collapse of the website sort of makes my point.

I want to talk about the great successes that we have had working together, collaboratively, over the last 14 months to move the American Tax Code in the right direction, and then I want to talk about what we can do together to do even more.

You may have seen some of the headlines in the Washington, D.C., tax rags today, Mr. Speaker, folks talking about the House Ways and Means Committee and how we are prepared to begin to do more. The Senate may be a little bit reluctant to do more. At some point, it is going to require an outpouring of public support to do more.

Let me tell you what I mean by "more."

When we began the process of tax reform here in the House, Mr. Speaker, we were talking about tax reform first and tax cuts second, reform being that everyone knows that they have to pay taxes. Taxes are certain. But it doesn't have to be complicated. It doesn't have to be an additional burden.

Writing the check is burdensome; figuring out how to calculate how much to write the check for doesn't have to be. But it has grown that way in this country, Mr. Speaker, and we set about trying to change that in the House.

Now, I have a bill in the House called H.R. 25. It is the Fair Tax Act. It would